INCREASE ACCESS OF GAY MEN, MEN HAVING SEX WITH MEN, AND TRANS INDIVIDUALS TO INTEGRATED, QUALITY HIV SERVICES ALONG THE CARE CASCADE IN MIDDLE EAST AND NORTH AFRICA: THE OHA PROGRAM

END OF PROGRAM REPORT

JUNE 2019

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ACRONYMS

APCS	Association de Protection contre le SIDA (Oran, Algeria)
ART	antiretroviral therapy
ASCS	Association du Sud Contre le Sida (Agadir, Morocco)
ATL/MST	Association Tunisienne de Lutte contre les MST/SIDA (Tunis, Tunisia)
CISA	intermediate addiction treatment center
CSO	civil society organization
DAMJ	Association Tunisienne pour la Justice et l'égalité (Tunis, Tunisia)
GMT	gay men, men having sex with men, transgender individuals
ICT	information and communication technology
IHAA	International HIV/AIDS Alliance
KP	key population
LebMASH	Lebanese Medical Association for Sexual Health (Beirut, Lebanon)
LGBT	lesbian, gay, bisexual, transgender
LGBTI	lesbian, gay, bisexual, transgender, intersex
LILO	Looking In–Looking Out
M-Coalition	HIV advocacy network devoted to the needs of LGBTI (Beirut, Lebanon)
MENA	Middle East and North Africa
MSM	men who have sex with men
NAP	National AIDS Program
NGO	nongovernmental organization
OSCE	Objective Structured Clinical Evaluation
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
SIDC	Soins Infirmiers et de Développement Communautaire (Beirut, Lebanon)
STI	sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
TOT	training of trainers
VCT	voluntary counseling and testing

INTRODUCTION

From 2005 to 2015 the United States Agency for International Development (USAID) supported a number of civil society organizations (CSOs) in Algeria, Lebanon, Morocco, and Tunisia to implement HIV prevention interventions reaching men who have sex with men (MSM). During 10 years of the project implementation, the Responding to Key Populations in the Middle East and North Africa Region (MENA) Program, led by the International HIV/AIDS Alliance (IHAA) under different USAID mechanisms, has supported these partners to strengthen their service delivery and organizational capacity to influence their environments to increase access to population-friendly services in locations that are hostile to key populations (KPs), and particularly MSM. These partners are now among the few CSOs that play a key role in the HIV response in the region. Their efforts to promote self-esteem, reduce self-stigma, build solidarity among MSM communities, and increase their access to services have been critical in enhancing the voices, advancing the rights, and improving the quality of life of MSM in the region. Additionally, the program has supported the Regional Arab Network against AIDS and in 2013 started to strengthen the involvement, care, and support of people living with HIV (PLHIV) in the region.

The strategic objective of the MENA program was to expand HIV programming, primarily to meet the needs of MSM and PLHIV in the MENA region. The program was housed first under the AIDSTAR-Two Project, and then under the Leadership, Management and Governance Project, led in both cases by Management Sciences for Health. When the latter program finished in October 2015, partners in the region struggled to find parallel sources of funding to continue the prevention work. In 2017, an opportunity arose from USAID's Office for HIV/AIDS to divert some funding into further preventive work in the region. The Prevention Project, led by the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project in strategic partnership with IHAA and local organizations, started in June 2017. Its aim was to provide local communities of men who have sex with men and transgender individuals (collectively referred to here as "GMTs") with access and information to voluntary counseling and testing (VCT) and MSM-health related services. This yearlong program was designed with two goals:

1. Improving the quality of comprehensive HIV prevention and support services for MSM in MENA.
2. Increasing GMTs' access to VCT through the use of information and communication technology (ICT) and social media.

This report summarizes the results achieved from June 2017 to June 2018, including a no-cost extension from April–June 2018. The five sections describe:

1. The epidemiological context of the MENA region.
2. Activities for improving the quality of HIV-related services for GMT.
3. Use of technology to improve GMTs' access to prevention.
4. Harm reduction activities implemented in Algeria.
5. Training for CSOs to improve their safety and security.

The last section details program impacts, challenges, lessons learned, and recommendations for implementing MSM programming in a hostile environment.

OVERVIEW OF THE OFFICE OF HIV/AIDS PREVENTION PROGRAM

Epidemiological Context

The MENA region has the world's lowest HIV prevalence, at 0.1 percent among adults aged 15–49 years. According to the latest Joint United Nations Programme on HIV/AIDS (UNAIDS) report, *Ending AIDS: Progress towards the 90-90-90 Targets*, new HIV infections in MENA fell by 4 percent between 2010 and 2016. However, trends among countries in the region have varied widely. For example, since 2010, there were substantial decreases in annual new infections in some countries such as Morocco, 42 percent, while new cases of HIV rose by 76 percent in Egypt and 44 percent in Yemen. The data available reveal that more than 95 percent of new HIV infections in the MENA occurred among key populations and their sexual partners. Despite the good progress across the region, there are critical gaps in HIV prevention programming. Access to and uptake of HIV testing services were limited, with just over half of PLHIV in the region aware of their status in 2016. Antiretroviral treatment (ART) coverage for people living with HIV is low: only 24 percent of adults receive ART, the lowest coverage in the world, and just over two-thirds of people on treatment (16 percent) are virally suppressed. Testing and treatment is similarly low for pregnant women; only 20 percent have access to ART.

The UNAIDS report[1] reveals that progress toward 90-90-90 targets in the MENA region is far below the global average: 58 percent of people living with HIV know their status, 41 percent of PLHIV who know their status are on treatment, and 66 percent of people on treatment are virally suppressed. The gap for reaching the three 90s remains significant, with 73,000 for reaching the first 90, and 130,000 each for the second and third 90s.

Programs for key populations face many challenges. These include:

- Punitive and discriminatory laws and policies that criminalize drug use, sex work, and same-sex sexual behavior, with penalties including imprisonment and death.
- Limited investment in prevention programs for KPs, since prevention programs for gay men and other MSM and sex workers rarely receive support from domestic resources or through public services.
- Conflicts and humanitarian emergencies, which have disrupted health and social services and responses to HIV and increased the vulnerability of communities.

Thus, MENA is an underserved region with an increasing epidemic among key populations and their partners. The few HIV-focused interventions targeting KPs have made significant achievements, but their coverage is still low, and the needs of KPs in MENA remain widely unmet. These needs, combined with the presence of humanitarian crises in almost a third of the region's countries, make access of KPs to essential services even more challenging. Members of KPs are often hidden because

[1]UNAIDS. 2017. *Ending AIDS: Progress towards the 90-90-90 Targets*. Available at http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf

of punitive laws, which further decrease their access to health services. By way of example, the coverage of prevention programs for MSM is low, and there is emerging evidence of a concentrated epidemic in this group (5.7 percent in Cairo and 5.9 percent in Alexandria; 10.1 percent in Tunisia; and 5.6 percent in southern Morocco). High levels of stigma and discrimination (sociocultural, religious, and legal) and of sexually transmitted infections (STIs) contribute to making MSM highly vulnerable to HIV.

The Program

Civil society organizations have been working on HIV in the MENA region over the last 10 years, and have managed to gain KPs' trust. However, their coverage is low, leaving most KPs' needs unmet. In 2017, to scale up combination prevention for GMT, AIDSFree worked with UNAIDS and its longstanding partner CSOs in 2017 on several interventions to increase access to integrated, quality HIV services along the care cascade in MENA countries. The work began with a regional orientation workshop in Lebanon on responding to the needs of MSM, with participation by representatives of national HIV and AIDS programs and country coordinating mechanisms interested in developing and improving MSM programming in their countries.

The goal of the Prevention Project was to increase GMTs' access to integrated, quality HIV services along the care cascade in Maghreb and Mashreq. The AIDSFree team worked through IHAA to target two subregions where civil society could implement a sensitive project with and for GMT: Algeria, Morocco, and Tunisia in Maghreb; and Egypt and Lebanon in Mashreq.

A number of regional identity- and HIV-themed organizations joined the program (see Figure 1 on the following page):

- ASCS: Association Tunisienne de Lutte contre le SIDA (Agadir, Morocco)
- APCS: Association de Protection contre le SIDA (Oran, Algeria)
- ATLMST/SIDA: Association Tunisienne de Lutte contre les MST et le sida (Tunis, Tunisia)
- DAMJ: Association Tunisienne pour la Justice et L'égalité (Tunis, Tunisia)
- LebMASH: Lebanese Medical Association for Sexual Health (Beirut, Lebanon)
- M-Coalition: HIV and AIDS advocacy network devoted to the needs of lesbian, gay, bisexual, transgender, and intersex individuals (LGBTI) in MENA (Beirut, Lebanon)
- Positive Vibes: Regional HIV health and rights organization (Windhoek, Namibia)
- SIDC: Soins Infirmiers et Développement Communautaire (Beirut, Lebanon)

Figure 1. Map of MENA Region and CSO Partners in the Prevention Project

The project started with a kick-off meeting in June 2017 at the IHAA headquarters in Brighton. Partners from M-Coalition, DAMJ, SIDC, and ATL MST/SIDA attended the meeting to develop workplans for their organization and country. The meeting gave an opportunity to debate and agree on program activities, clarify roles and responsibilities, and discuss reporting procedures and donor regulations. With clear instructions, participants started implementing the program in September 2017 upon return to their respective countries.

CAPACITY BUILDING ON SERVING GMT

Training on Responding to the Needs of GMT in Settings without GMT Interventions (MSM Workshop)

This activity, conducted in Beirut, Lebanon in close partnership with the UNAIDS Regional Support Team, aimed at promoting the scale-up of community-based HIV prevention and testing for GMT in MENA. The objective of this workshop was to provide stakeholders and managers working on MSM-targeted prevention programming and support services with the necessary information to develop sympathetic, evidence-based, and comprehensive HIV prevention and support services for MSM.

The workshop gathered participants from Egypt, Jordan, Oran, and Sudan, who represented both CSOs and national AIDS programs. This enabled creation of country teams to develop stronger implementation plans for the rollout or improved continuation of MSM programming supported by the relevant National AIDS Program (NAP) representatives.

Workshop participants learned about key approaches and principles that have proven the most important when implementing HIV and STI prevention, care, and treatment programs for MSM worldwide and in MENA. The workshop used the "MSM Project Orientation Manual," part 1 of the *Training Toolkit on MSM Programming in MENA,*[2] a curriculum co-developed with the UNAIDS MENA Regional Support Team in 2015 under the previous USAID-funded program, Responding to Key Populations in MENA (see Figure 1 on page 5). The toolkit is intended for training and guiding community outreach workers, peer educators, and managers of organizations who want to start MSM programs in their country or town.

The toolkit comprises two parts:

1. *The MSM Project Orientation Manual* provides planners and managers with the necessary information to develop sympathetic, evidence-based, comprehensive HIV prevention and support services for MSM. It provides scientific, factual, and contextual information for developing effective, ethical HIV prevention and support services for MSM that are guided by human rights and public health imperatives.
2. *The Training Manual for MSM Peer Educators* (modules 1, 2, and 3) is a standardization of the training materials that the CSOs developed and used in the past 10 years for training their volunteer peer educators.
    a. Module 1 provides peer educators with the technical knowledge needed to conduct effective outreach to raise awareness about the risks of drug use, HIV, and other STIs.

[2] http://www.aidsalliance.org/resources/868-training-toolkit-on-msm-programming-for-the-mena-region

b. Module 2 supports participants to practice the skills necessary to implement outreach-based educational activities aimed at promoting behavior change among MSM.
c. Module 3 is a guide to analyzing the components needed to design effective outreach programs, including approaches to advocacy.

Figure 2. MSM Training Manual, Orientation Manual and Modules 1–3

The workshop focused on Part 1 of the *MSM Project Orientation Manual,* which is designed to be useful to both experienced program implementers and those who are beginning to plan new HIV prevention and care services for MSM.

During the five days of the workshop, participants learned about the concepts of sexuality, sex and gender, gender identity, and homosexuality. They brainstormed on the root causes and types of stigma and discrimination against MSM, and the possible effects in terms of society, health, relationships, workplace, mass and social media, and health care and social centers. Participants were introduced to methods for working with MSM using public health and human rights approaches, as well as to comprehensive prevention, positive prevention, and risk reduction. Next, the focus turned to the political and legal environments in the MENA countries, since MSM still face discrimination and criminalization. The last day tackled men's health and the sexual and psychological needs of MSM. The participants then worked on action plans per country for the rollout or improved continuation of MSM programming supported by the relevant NAP representatives.

The workshop employed a participatory and interactive methodology, consisting of individual exercises, simulations, group work, role-play, small group discussions, and short lectures. Participation by local experts in working with KPs, and lessons learned from participating countries (such as war-torn Yemen) enriched this workshop. Presentations of Lebanese nongovernmental organizations’ (NGOs’) experiences provided further enrichment, with presentations on the reality of life and challenges of MSM in terms of sexual and psychological health, and the need for awareness about drug use.

Some participants were cautious in discussing concepts related to sexuality, sex and gender, gender identity, and homosexuality, since these are taboo topics that are not accepted in their societies. This accentuated the goal of this workshop because these fears are preventing members of the most vulnerable key populations from accessing for prevention,

treatment, and quality service provision. Participants reached the conclusion that from a primary health care point of view, everyone is entitled to health services, irrespective of sexual identity. Looking at the bigger picture of the HIV epidemic, participants understood that providing services to KPs is an essential part of the HIV response. As social workers, participants understood the need of putting "health hats" on and forgetting religious or societal perceptions (in other words, offering counseling without religious and moral guidance, at a time when a person is only seeking a medical service).

In the post-workshop evaluation, participants commented on how the workshop covered a vast amount of information, starting from the basic concepts such as gender and sexuality, to the more controversial and complex issues in MENA society, such as notions of self-testing and stigma and discrimination. Psychological support has been ranked as an important factor for the overall wellbeing of an individual, as well as providing KPs with income-generating activities or vocational training. Participants also said they felt more confident in developing sympathetic, evidence-based, and comprehensive HIV prevention and support services for MSM. Involving decision-makers and NAP managers was considered important. The participants felt confident in saying that governments perceive CSOs/NGOs not as partners but as competitors. Both groups seek funding; hence, NGOs are seen by states as rivals when external funding is at stake. Moreover, when CSOs/NGOs have the capacity to access MSM, governments should recognize this and maximize civil society's role in providing services to KPs.

"Yes, at first, most of the participants were homophobic; by the end of the last day, they all saw the importance of giving services to MSM.

"Without a doubt, I came in with the expectation of receiving new ideas and developing a national action plan, in addition to the valuable information regarding the target population."

"Throughout the workshop, we met many organizations and decision-makers, and these positive encounters strengthened partnerships and provided new and stronger opportunities for advocacy."

Remarks by participants in the MSM workshop, Beirut, Nov. 2017

The workplans developed by each country showed different faces of the epidemics, but also disjointed country responses to the HIV epidemic among MSM.

Oman's HIV epidemic, according to the Omani representatives during the workshop, is concentrated among members of KPs. The Sultan of Oman denies the existence of KPs in his country, concentrating the HIV response only on prevention of mother-to-child transmission (PMTCT). PMTCT programming started in 2009 within five VCT centers in Muscat. HIV tests are done during pregnancy and labor, and during the follow-up (postnatal visits) with the mother. For the baby, tests are done at 2, 4, and 18 months. Oman is now heading toward elimination of HIV in PMTCT—an achievement many countries can only dream of. With no focus on KPs, it is no surprise that while developing its workplan, Oman focused on investing in size estimation studies for KPs; introducing initiatives to reduce stigma and discrimination (among health care providers, police and general population); evaluating the quality of services (especially at VCT centers); and establishing income-generating projects for the

most vulnerable. The difficulty lies in the government's reluctance to invest and share data on KPs, as well as in identifying KPs, especially female sex workers. In the post-presentation discussion, it was suggested to Omani representation to speed up the process of registering NGOs working in the HIV sector.

Yemen has been a war-torn country since 2015. Continuous outbreaks of violence and fighting, as well as continuous population movement, affect the sustainability and continuity of health care provision. The HIV prevalence among MSM is of 5.9 percent; only five of 23 governorates provide services to MSM. During the workshop, participants learned that in the city of Aden, Yemen, VCT services stopped due to the war; and even though Yemen benefits from the Global Fund Emergency Fund, the country experiences a shortage of rapid tests due to the International Organization for Migration's delays in recruitment to finalize stock purchases. As shared by participants, *Médecins Sans Frontières* (Doctors without Borders) has emergency stocks of antiretrovirals, but if Médecins Sans Frontières pulls out of Yemen (as in Syria), Yemeni PLHIV will face a shortage of antiretrovirals. In its ambitious workplan, Yemen also highlighted the need for conducting mapping, size estimation, and bio-behavioral studies, along with activities to raise awareness and sensitize key stakeholders and decision-makers. Actions such as "purchase and distribute condoms and lubricants" and "provide ART services" highlight the basic needs of the HIV response in Yemen. The Yemenis also included provision of psychological and legal support, working in the domain of sexual and reproductive health and rights, offering STI testing and pre-exposure prophylaxis (PrEP), and promoting the economic empowerment of KPs.

Jordan (with Iraq, Lebanon, Syria, and Yemen) benefits from the Global Fund Emergency Fund (US$32 million), which provides quick access to financing for addressing malaria, tuberculosis and HIV in certain emergency situations. Given the ongoing emergency situation in Syria, the grant is available to Syrian refugees in the countries to which they have fled; it does not cover Jordanian nationals. Jordan recently reached middle-income status, and is thus no longer eligible to access the Global Fund "country" funding that had previously supported the national HIV response. Thus, the HIV response for the Jordanian citizens is currently financed though national funding and other donors. In its workplan, Jordan included the provision of STI testing and legal aid services, greater focus on the outreach counseling, building capacities of NGOs, and opening drop-in centers. The remaining challenges are reaching KPs and accessing funding.

Egypt also highlighted the need to conduct integrated bio-behavioral studies; increase awareness among lawyers; and strengthen prevention programs and link them to other programs, such as hepatitis.

In *Sudan,* 45 NGOs work in the HIV response field, and 38 centers across the country provide medical, behavioral, and complementary (advocacy) services, and are well on their way to combat HIV in Sudan. Sudan also received Global Fund funds, and will continue receiving funding in the future. Though the new Global Fund grant will only cover eight states rather than the eighteen covered in the current grant, the United Nations Population Fund and the

government developed mechanisms to cover the remaining 10 states with services. In Sudan, KPs face double stigmatization in communities but also in law, making them hard to reach. Natural disasters, political instability, and decentralization affect the sustainability of health services. In their workplan, the Sudanese suggested raising awareness and sensitizing peer educators; focusing on better-coordinated provision of HIV services; building capacities of service providers; and generating evidence for advocacy purposes.

Workshop participants raised the issue of knowing the size of their own epidemic and conducting bio-behavioral studies, as many countries in the MENA region lack these data. They also discussed the difficulty of ensuring funds to support the sustainability for their projects and work. One suggestion for addressing the scarcity of funding was to move HIV into other areas of work where funding is more available, such as economic empowerment and gender-based violence.

The instability of the MENA region also affected the MSM workshop. Clashes between the Houthi rebels in Yemen and Saudi Arabia on November 4, 2017 led to a two-week cancellation of all flights and other routes to Yemen, which prevented the five Yemeni workshop participants from returning home. After two weeks of negotiations between Saudi Arabia and Yemen, the flights were restored, but this incident made workshop attendees even more aware of difficulties of working in conflict-affected states.

Upon the closure of the workshop, attendees stressed the importance of continued communication among participants and their organizations after the workshop to ensure the sustainability. A WhatsApp group was created for all the participants, and is now operational and partners use it to share further knowledge, best practices, country-level work, and to keep the communication going.

Following the November 2017 Beirut MSM workshop, the Yemeni NAP organized a training of trainers (TOT) for 10 MSM (December 3, 2017 to January 10, 2018) on comprehensive prevention programming for MSM. The training was organized by the Rescue Foundation for Development in the city of Al Mukalla, and facilitated by two qualified facilitators: one from the Yemen AID-NGO who had previously attended the regional meeting in Beirut, and one from Social Services Association in Aden (the first NGO to work with KPs in Yemen). The facilitators used the MSM toolkit as guidance during the training.

The TOT allowed the first-ever contact with the MSM population and offered a first opportunity for MSM to learn about HIV. Facilitators said that it was very important to spend more time with the trainees to increase their knowledge and skills, reduce stigma among the group members, and address their fears. It was not an easy workshop. The NAP focal point of the Hadramaut governorate played a major role in reaching this group, and it took time to convince them to participate. During the training, participants had also few days in the field to map the location of the MSM beneficiaries in Al Mukalla city. This workshop in Yemen was a great surprise to the Alliance, considering Yemen's current political situation. A war-torn country dedicating funds to ensure services for KPs is an impressive success.

Training to Improve Quality of Health Care to GMT in Settings with Ongoing GMT Interventions (Clinical Module)

Building on work done under the previous MENA program, the OHA program sought to build the capacity of frontline medical personnel to provide quality, comprehensive care for GMT in Tunisia and Lebanon. Partners in both countries launched the revision of the clinical modules on male sexual health (and not only) for pre- and in-service professionals to improve their knowledge and skills on GMTs' sexual, social, and mental health needs.

TUNISIA: In Tunisia, ATL MST/SIDA was in charge of the delivery of this activity as the organization has a history of engaging with medical institutions in Tunisia, such as the medical universities of Sfax, Monastir, Tunis, and others. ATL also saw an opportunity of reinforcing its ongoing advocacy with medical faculties through this activity.

In its first phase, ATL mobilized medicine students from the AssoMed and Skora (student medical associations) who participated in the assessment and revision of the current curriculum on sexual health at Tunisian universities. This evaluation provided valuable feedback on what was missing to create a rich curriculum with correct, understandable information on male sexual health. During this exercise, participants also discussed how the new module should be shaped and provided recommendations.

During the second phase, ATL reached out to faculties of medicine in Tunis, Sfax, Sousse, and Monastir to work with the lecturers, doctors, and professors (especially specialists in urology and psychiatry). ATL presented the feedback from student medical associations and, in parallel, introduced a consultant who took on the task of rewriting the module using a participatory, interactive approach. The consultant, Professor Haifa Zalila, is a Department Head of the Outpatient and Emergency Units at Razi University Hospital, and a lecturer of psychiatry.

In the third phase, from January through March 2016, Madame Haifa held sessions with both audiences (students and professionals) to merge their expectations on how to provide quality information, education, and pre- and in-service training on sexual health and patients' needs. After several consultations, she presented a practical module (written in French) to serve as a guide for teachers and lecturers to conduct learning sessions on sexual health for medical students and persons in pre-service training. These sessions are designed for second-year undergraduate medical students and will be used during practical internships in psychiatry. The sessions are based on problem-based learning, in accordance with the recommendations of the Pedagogical Committee of the Faculty of Medicine in Tunis (which are identical to those of the faculties of medicine in Sousse, Monastir and Sfax). Each session in the module is divided into two stages: 1) a projection of a video on fundamental human rights and 2) discussion and synthesis of fundamental rights. The module seeks to achieve educational objectives such as identifying personal values and attitudes on sexual

and reproductive health, and identifying and addressing sexual concerns, dysfunctions and forms of sexual violence.

The videos, produced in the local Tunisian dialect of Arabic[3] and starring ATL MST/SIDA employees, show values associated with sexuality: mutual consent, personal liberty (freedom), the importance of reciprocity in the relationship, security, respect and satisfaction, and absence of discrimination. The guide then provides instructions on how to run debates (after showing the video) where lecturers are encouraged to tackle sensitive and taboo topics in Tunisian society. These include prostitution, HIV, STIs, discrimination on the basis of one's sexuality, including homosexuality, and LGBTI rights, among others.

A scene from the short video about sexual satisfaction in a relationship.

A scene from the short video about discrimination (toward MSM).

The guide also provides references to national and international conventions that guarantee human rights, such the United Nations Universal Declaration of Human Rights.

To conclude, the consultant provided guidance on the final evaluation and exam, based on the Objective Structured Clinical Examination (OSCE), which is a versatile, multipurpose evaluative tool for assessing health care professionals in a clinical setting. OSCE is usually perceived as the "gold standard" for evaluating clinical competence. The exam comprises a circuit of stations in which each candidate is examined with one or two examiners. The stations correspond to the basic principles already taught. All candidates will complete the same stations. The stations are standardized, with grids that allow comparison among the candidates.

The clinical module and the videos were positively welcomed by the faculty of medicine in Tunis, and will be incorporated in the new 2018/2019 academic year curricula. This is a great advocacy success that ATL MST/SIDA can be proud of, especially in a country where same-sex relations are criminalized and sex is a taboo subject. It is hoped that in the upcoming years, other faculties of medicine across Tunisia will also incorporate the module.

Lebanon: In Lebanon, AIDSFree's partner organization SIDC selected LebMASH as a main implementing partner for the clinical module development. LebMASH is a not-for-profit NGO, governed by a board of directors that includes Lebanese health professionals based in

[3]ATL decided not to translate the module and videos to other languages, as it is designed for a Tunisian audience (Tunisian students and professionals).

Lebanon, the United States, and Canada. LebMASH aims at advancing sexual and reproductive health for all individuals in Lebanon, with particular focus on LGBTI and other marginalized populations in Lebanon.

LebMASH designed the activity from the rationale that LGBT individuals represent a disparity in health care, with health care needs that are generally not attended to. These inequities in health care are associated with a major gap in health care providers' clinical education, along with other issues such as access to care and negative experiences with providers. In Arab countries, these challenges are compounded by multilevel societal discrimination. Additionally, health care professional educational programs lack content on LGBT needs that would help prepare LGBT-friendly providers. Accordingly, there is an immense need for LGBT curricula specifically tailored for Arab countries to train current and future providers to care for LGBT individuals.

In 2016, LebMASH developed an evidence-based Basic LGBT Health Curriculum in collaboration with Johns Hopkins University. That curriculum was delivered twice in the form of a full-day workshop (March 2016 and March 2017) to medical students, nursing students and other health care students. The workshop was prepared to discuss basics of LGBT health, science and myths on sexual orientation, cultural competency on LGBT health, and the sexual health needs of LGBT individuals in Lebanon. Pre- and post-workshop surveys were collected to examine the effectiveness of the program. The curriculum is in the process of revision in response to workshop evaluations and advances in LGBT health research.

In this project with SIDC, LebMASH decided to update the basic LGBT curriculum to include concepts related to sexual health; adapt the program to include competencies that would be relevant to Arab countries in general; and pilot the proposed curriculum. From September 2017 to March 2018, LebMASH conducted focus groups with students, faculty, and other stakeholders; revised the curricula according to the findings; and piloted the new curriculum. Details of LebMASH's process follow below.

Focus Group Sessions

To assess the existing medical curricula in Lebanon (medicine, nursing, psychology), LebMASH conducted several focus groups with students within each of the respective fields, and interviewed faculty members and stakeholders working in these fields. The purpose of these focus groups and interviews was to evaluate existing, if any, modules, seminars and lectures that included LGBT health at any point in the curricula. As for the interviews, they were intended to evaluate the readiness of faculties to become more inclusive of LGBT health, and to collect recommendations on how such an approach can be made.

- *Student focus group:* Medical students overall had a poor level of fundamental sexual health knowledge. However, students expressed their interest into receiving more information on LGBTI-related matters, even requesting inclusion of LGBT health in their modules. Students also said that lecturers themselves have limited knowledge of LGBTI

and sometimes share misleading or wrong information with students. Nursing students discussed LGBTI issues in connection with topics such as STIs, in which nurses are unprepared to provide care for LGBT clients. Nurses receive instructions about non-discriminatory policy toward patients, however, not enough guidance regarding LGBTI patients. Psychology students also said that the lecturers themselves do not have sufficient knowledge on LGBT issues, which is worrying as many students revealed that for them, LGBT individuals are at high risk of developing mental disorders.

- *Faculty member focus group:* Professionals working at the faculty of medicine confirmed that medical students are interested in knowing more about LGBT health and said that this interest should be expanded on. Members of the psychology department showed some resistance toward expanding the curricula to incorporate LGBT health themes. They advised taking extreme caution in explaining LGBT issues for educative purposes, and cautioned not to give students ideas about changing their identity. Some professionals said that the progress seen in the capital, Beirut, is not seen or does not exist in other regions.
- *Stakeholder interviews:* This group highlighted the lack of specialized knowledge among practitioners to tackle LGBT health needs. They recommended the public health approach as starting point to break the pattern, where talking about general sexual health could "open the door" for the inclusion of topics such as LGBTI and sexual health and needs.

It is worth mentioning that when conducting focus groups discussions, LebMASH reached out to students representing different universities in and outside of Beirut. It quickly turned out that the universities had varying degrees of LGBT inclusion in their curricula, depending on geographical location, local public standing, and international affiliation. For example, students at American University of Beirut in Beirut, Lebanon, seemed to be at a far more advanced stage of preparedness to discuss LGBT health than did University of Beirut graduate students in Al Koura, Lebanon. The recommendations given by residents in the Northern district of Lebanon seemed to be very elementary compared to the recommendations of students in the capital. In conclusion, not all universities are at the same level of preparedness to incorporate sexual health and LGBTI modules.

Also, as many students reports misconceptions about LGBT health among faculty members, LebMASH recommended comprehensive training for all staff members prior to updating the curriculum as a necessary condition for implementing the new curriculum. However, the concerns arose about faculty at some universities being heavily influenced by religion, which makes it difficult to ensure changes in the curriculum if they do not align with religious mandates. Another concern is that in Lebanon, the main funders of students' education are their parents or legal guardians. Studying at a private university makes it difficult to embrace a change or adopt new ideas, since parents may disapprove of them. These two concerns make it clear that updating the curriculum needs to occur at a national level to ensure securing every university's existing social standing. In light of these varying concerns, the

field assessment of the current curriculum resulted in a rough draft of steps for including LGBT health in the medicine, nursing, and psychology curricula in Lebanon.

Updating and Expanding Curriculum

LebMASH's final product introduces LGBT health content to health care professionals. The final product comprises three PowerPoint presentations, six case studies, a cultural competency activity, pre- and post-workshop tests, a workshop program, and a workshop evaluation form. All the documents are available in English, French, and Arabic.

Slide from the PowerPoint presentation explaining how a health professional should provide health service to LGBTI patients.

The PowerPoint presentations comprise three chapters: basics on taking an LGBT individual's sexual health history; LGBT health needs in Lebanon; and cultural and professional competencies for treating LGBT patients. The materials explain the importance of taking care of patients' mental health without discrimination, as is required by the Lebanese code of medical ethics. The manual portrays the situation of Lebanon as one where the attitudes toward LGBT individuals are changing, since it is accepted more and more often by medical societies and judges. It also provides clear messages about concepts, such as sex versus gender, gender identity, sexual behavior, and how a health care professional should approach clients who do not identify with the gender they were assigned at birth.

The second PowerPoint presentation/chapter expands on LGBT mental and sexual health and tackles issues of discrimination of LGBT in health care, family rejection and the importance of family acceptance; and substance abuse, among others. This module focuses on both general LGBTI and transgender mental health; and explains the most common medical issues affecting the two populations (such as obesity and cancer for LGBTI, or post-transition complications for trans individuals). Students also receive a thorough overview of HIV, PrEP, STIs, human papillomavirus, and hepatitis A and B vaccines. It also offers guidance on

respecting confidentiality and tolerance, and where to refer clients in need of HIV and STI testing.

The third chapter expands on cultural competency and professionalism. It reminds students of principles and values, ethics, and obligations health professionals must respect, as required by the Lebanese code of medical ethics. Those values include compassion and cultural competency that is a specific set of values and principles, along with behaviors, attitudes, policies, and structures that enable a person to work effectively across cultures. The presentation also includes a quiz to correct misconceptions about homosexuality, and provides an analysis of Lebanese attitudes toward LGBT and transgender people.

Myth #1: Homosexuality is a Mental Disorder

- In 2013 both the Lebanese Psychiatric Society and the Lebanese Psychological Association issued statements that Homosexuality is NOT a mental disorder, and thus, corrective therapy should NOT be practiced [1,2]
- They also emphasized how corrective / reparative therapy for Gay, Lesbian and Bisexual people is FUTILE and potentially HARMFUL

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Myth #5: HIV is a Gay Disease

- While many of the people with HIV are gay, according to UNAIDS:
  - 30% of people in Lebanon with HIV acquired it through heterosexual contact [1]
  - Only 44% of HIV could be identified as "homosexual transmission"[1]
- HIV risk with *Receptive* anal sex is **17 times** greater than *receptive* vaginal sex[2]

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LGBT Life in Lebanon

2012: 36 men arrested in a cinema in Burj Hammoud and forced to receive anal probes

2013: 4 people arrested at Ghost nightclub in Beirut and physically abused by police

2014: 27 people arrested at a bath house in Beirut on suspicion of being gay

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It is getting better

Rulings by Lebanese judges Mounir Suleiman (2009 - Batroun), Naji El Dahdah (2014 – Al-Metn) Hicham Al-Kontar (2016 – Al-Metn) and Rabih Maalouf (2017 – Al-Metn) Stated that homosexuality is NOT against nature

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Slides from the PowerPoint explaining common myths and misconceptions about homosexuality and HIV and depicting the current situation of LGBT individuals in Lebanon.

LebMASH also prepared the workshop agenda, and a pre- and post-workshop test for students to evaluate their knowledge on gender identities, HIV and STI prevention, and treatment. LebMASH also designed the post-workshop evaluation form. Students can also test their cultural competency by doing the cultural competency activity in which students first analyze their sex, gender identity, and other characteristics, and then launch individual reflection about their choices and preferences and what makes them different from others. Finally, LebMASH designed six role-play/case study documents that provide real-life examples and accompany lectures. These exercises give each student an opportunity to practice taking a sexual history from a gay, lesbian, bisexual, or transgender patient. This exercise also gives the student a chance to play the role of this patient.

Over time, the content and structure of the program is envisioned as including evolving and emerging LGBT health topics in addition to including this content in existing institutional curricula.

Piloting the Revised Curriculum with a Group of Lebanese Health Care Professionals

LebMASH said that it is very hard to fully integrate LGBT health within health care curricula in Lebanon. This is partly due to the diversity of these curricula across universities and schools. In other words, universities have the obligation to conform to the general core modules following Ministry of Education guidelines, but they are free to choose optional modules. This means that if LebMASH succeeds in integrating the module in the medical school curriculum at American University of Beirut, for instance, other medical schools in Lebanon are not obliged to integrate it within their curricula. LebMASH is exploring the possibility of integrating this curriculum within the American University of Beirut nursing and medical schools, Saint-Joseph University (l'Université Saint-Joseph de Beyrouth) medical school, and the Lebanese American University nursing school (as a start).

ATL Visit—Knowledge Exchange Workshop and Lessons Learned

Between March 28 and 31, 2018, ATL MST/SIDA travelled to Lebanon to compare with LebMASH the experience of developing the module in Tunisia and Lebanon. On March 29, LebMASH integrated the findings of the focus groups and delivered the updated student workshop on the new curriculum to a group of students. A representative of ATL MST/SIDA and the consultant writing the curriculum were also present at the workshop. The workshop, entitled "Toward Better Sexual Health of LGBT Individuals," covered three main sessions from the curriculum. The sessions were accompanied by exercises, and the students received a certificate at the end of the workshop.

On March 30, 2018, representatives of SIDC, LebMASH, and ATL met to discuss and showcase the Lebanese and Tunisian efforts in developing and delivering the LGBT health-focused workshop. ATL focused on the human rights approach, whereas LebMASH focused on the health care approach. Both partners discussed the curricula and evaluated whether a single curriculum could be relevant to Arab countries in general. Participants responded that the two workshops/approaches can be complementary and can be used to inform other activities in other Arab countries.

Strengthening the Agency of GMT and Understanding of Sexual Identity among Supporters of GMT

In the MENA region, LGBT individuals are commonly rejected by their families, molested, and harassed at the community level and in services. They are periodically harmed, beaten by

mobs, denounced, humiliated, and arrested by the police.[4] Stigma and discrimination are the most important obstacles to effective HIV prevention, treatment, care, and support for KPs in MENA. Due to gender inequality and the low status of women in the region, women living with HIV experience a double stigma. Furthermore, the self-stigma exercised by populations themselves is an important factor that prevents them from exercising their rights, seeking health care, and living healthy lives in dignity.

This prevention program offered an opportunity of improving/increasing access of GMT to integrated, quality HIV services. The Alliance decided to partner with Positive Vibes to deliver a series of behavioral change and empowering Looking In–Looking Out (LILO) Identity workshop for KPs in the MENA region. The methodology has been proven to boost participants' self-esteem and encourage them to choose healthy behaviors.

Positive Vibes is a Namibian-registered trust that has been operating nationally since 2008 and in the southern Africa region since 2012. Positive Vibes envisions open, equitable, and healthy societies in southern Africa, where civil society organizations play a key role in influencing progressive social development in partnership with government and the private sector. Positive Vibes' mission is to facilitate and promote positive social change through a process of personalization, dialogue, and voice.

This LILO Identity (ID) project speaks to strengthening the agency of GMT and building the understanding of sexual identity among supporters of GMT. Positive Vibes has pioneered and continues to implement the Freirean theory of personalization and consciousness-raising, combined with aspects of positive psychology to create a workshop-based experience that is both therapeutic and activating. This approach has been translated into 14 different types of LILO methodologies. However, we have decided that LILO ID replies best to the needs of the GMT in the MENA region. USAID's previous, 10-year-long programs sought to empower the LGBTI community, ending internal stigma and equipping LGBTI with life skills and confidence to make better health choices and stand up for their rights. With this in mind, the International HIV/AIDS Alliance has partnered with Positive Vibes to roll out LILO ID in the MENA region, since this methodology was specifically designed for LGBTI to help them accept their identity, gender, and convictions, and to boost their confidence. The LILO ID[5] workshop is a personalized approach to exploring identity and sexual orientation. It responds to high levels of self-stigma in KPs, working therapeutically with individuals to raise awareness of the self, reclaim and reframe personal narratives, and promote self-acceptance of sexual orientation, gender identity, and expression. The workshop aims to move individuals toward a positive identity, a strong self-concept, and a high regard for themselves as individuals. Participants are encouraged to integrate their identity with their other qualities and roles, and to see themselves as complex, multifaceted human beings with many strengths and skills. Workshop topics cover language, the emergent development process of

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[4] https://www.aidsalliance.org/assets/000/002/946/Alliance_MENA_MSM_Case_study-V7_original.pdf?1492675914 p. 9 and p. 40

[5] https://positivevibes.org/what-we-do/lilo/

exploring sexual orientation and gender identity, relationship skills, creating a circle of positive support, skills for coming out, and understanding the impact of prejudice and discrimination. The process allows for individuals to start addressing discrimination. Importantly, as the rollout of the workshop program will be facilitated by local partners, it builds organizations by engaging the membership in a focused activity, adds to service provision, and helps build consciousness among KPs to formulate joint approaches for addressing discrimination.

LILO ID itself is a personalized approach to exploring gender identity and sexual orientation. It involves a facilitated process of support for LGBTI people by LOOKING BACK on their lives; LOOKING IN to some of the things that are happening internally; LOOKING OUTWARDS to the world around them; and then LOOKING FORWARD in order to move confidently and positively into the future. The workshop assumes that participants have deep personal knowledge and experiences that can be shared with others to help one another with the common challenges that many LGBTI individuals face. The process is designed to unpack feelings, needs, and desires, and to help participants make choices and plans for themselves going forward.

It is valuable to build an empowered LGBT community before engaging with non-LGBT partners, whether in a health or human rights setting. In the framework of the OHA prevention program, we invited representatives from Lebanon, Morocco, Algeria, and Tunisia to participate in this LILO ID journey. The journey took participants from undergoing the LILO ID workshop to training some to become LILO facilitators in Arabic while adapting the LILO ID manual content to the MENA region specificities. To finish, the regional budgeting and programming workshop was held to help partners create their budgets for the possible rollout in their countries and to mobilize resources. The new LILO ID MENA manual is available in English, French, and Arabic; all this work was done in 6 months (January–June 2018).

Stage 1: MENA Desk Review

As Positive Vibes is a Namibian-registered organization, working mostly in the region of South and East Africa, it was indispensable for the partner to gather knowledge to understand the MENA region and its specificities. Written by Siham Bojji, a Moroccan development practitioner, the MENA desktop review provides an overview of the legal and sociopolitical context of LGBT rights in the MENA region, with a specific focus on Algeria, Lebanon, Tunisia, and Morocco. In four countries, the law criminalizes homosexuality, and it is accepted neither by society nor religion. In this environment, it is not easy for international NGOs and their local partners to carry programs and activities for LGBT groups in the MENA region. Out of the four countries, Lebanon presents the least hostile environment, and many international organizations manage to implement their KP-friendly programs. However, the region is also going through transformations (due to the Arab Spring) that allowed identity and LGBTI organizations to emerge in Morocco, Tunisian, and Algeria. Overall, the MENA

desk review highlights the current transformation underway in the MENA region, which could present a good opportunity to introduce LILO ID for KPs in the region. On the other hand, the influence of factors such as religion or social conventions cannot be understated or omitted.

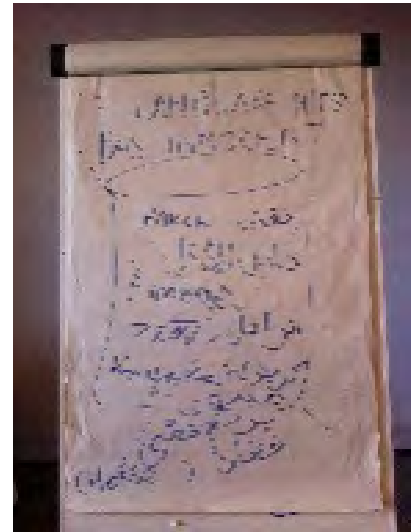
Stage 2: First LILO ID Workshop Including the TOT Component, 12-17.2.2018, Tunisia

The moment came to test the LILO ID methodology with beneficiaries. Positive Vibes asked program implementing partners to select two facilitators per country who would receive a training on how to become a LILO ID facilitator. The objective of the TOT training was to have a team of trained LILO ID facilitators for the MENA region who are able to deliver LILO ID workshops in their countries and across the MENA region in Arabic and French. The team of eight facilitators was welcomed and challenged by the statements from the MENA desktop review. Positive Vibes aimed to reverify whether the traditions, challenges, customs, and barriers described in the review remain valid among LGBTI nowadays.

While the facilitators all confirmed that same-sex relations are criminalized in their countries (for example, in Article 338 in Algeria, Article 230 in Tunisia, Article 489 in Morocco), they also said that often the LGBTI community is not only persecuted by the police but also by general population who decides to take justice into their own hands. By way of example, in a situation where two men book a room together in the hotel, hotel management can call the police to check whether the two men are homosexual. Participants also shared their stories about coming to the police station to report abuse and discrimination, but then being humiliated by the police based on their sexuality without offering any help, and without registering or documenting the violation. LGBTI also face discrimination in health services—one participant shared a story of being denied medication due to his sexual identity—and even a denial of civil rights: one person was discouraged from voting due to his sexual identity.

Participants said that many LGBTI in the region have to live a double life (having a girlfriend and a special male friend simultaneously). They have to play the game and appear straight to satisfy the family and society. Even lesbian women face persecution, and are forced to get married. If a woman is married and it turns out that she is a lesbian, a husband can take her children away. There are situations where close family accepts the person's sexuality, but discrimination and pressure to get married usually comes from distant family members (uncles, aunts).

When talking about the future, participants said that in Lebanon, positive change is coming from the entertainment industry. There are many homosexual artists who are proud of their sexuality, and their presence helps the LGBTI community, because society accepts LGBTI artists. Internet access is also changing the environment. However, the internet may also be used to arrest people (for example, in Egypt, the police create fake profiles on Grindr to set up dates/meetings and then arrest individuals).



This exercise consisted of writing on the board harmful and negative words that people use to describe homosexual people. Facilitators would then pin the sheet to highlight that the LILO workshop is free of offensive language.

The discussion with the future facilitators confirmed the findings of the MENA desk review and illustrated a much more complex environment that those of East and South Africa known by Positive Vibes.

For three days, Tunisian beneficiaries representing the LGBTI community joined the meeting and underwent the LILO ID workshop. Participants took a journey through their memories to understand how society and external environment shaped their ideas and perceptions of the LGBTI community and themselves. Some participants were aware of their "noncompliant" sexual identity from a young age; others discovered it during puberty. Participants were also asked to draw the journey that led them to the affirmation of their sexual identity. The workshop also included sessions on analyzing what leads to stigma and discrimination and how it is created, and provided a more comprehensive session on what LGBTI stand for and are. For some participants, this was a transforming and life-changing workshop. It allowed some participants to purify themselves from the negative memories from the childhood; and allowed others to understand better who they are and led to acceptance and inner peace. The attendees greatly benefited from LILO ID's therapeutic effect and expressed their gratitude and desire to continue with LILO ID trainings for their peers.

During one of the exercises, participants were asked to show their emotions in the form of a picture. On the left, a painting showing an angel, on the right a painting showing a tree.

The eight future LILO facilitators were double-challenged during the three-day workshop. They not only needed to act as workshop participants, but also to observe the facilitator and learn from him so that they could facilitate sessions in the near future. During the last two days of the workshop, the trainees and Positive Vibes discussed their feedback on and reactions to LILO ID. The idea was to assess different sections of the LILO ID general manual and decide whether they responded to the needs of the MENA region. Participants also attempted initial corrections to the text and each received a session to facilitate. The facilitators used techniques such as drama and theater to facilitate sessions among themselves—which Lebanese facilitators then applied in reality during the LILO ID workshop organized for the Lebanese LGBTI community in Beirut two weeks later.

Stage 3: LILO ID Workshop in Beirut, Lebanon, 20-22 February 2018, Lebanon

The LILO ID workshop in Lebanon was a test for the two Lebanese trainers who received the LILO training in Tunisia. Wilson Ashimwe, a Master Trainer from LILO ID, assisted them in facilitating the workshop, but also assessed their new skills as LILO facilitators.

The Lebanese workshop included new elements and sessions where facilitators organized a storytelling evening and a session with candles and meditation music. During the Tunisian workshop, the Master Trainer noticed that the exercise of “sharing your personal story” was a very successful part of the workshop, since it gave participants time and space to speak freely (for the first time for some!) about their sexuality. Based on these remarks, the Lebanese

workshop included a storytelling session that proved to be a success. The Lebanese workshop also included a group of three trans women who appreciated the training but also requested a specifically tailored LILO for transgender people as they felt that their needs differed from the LGB community.

"LILO is great, we need a LILO trans!" one transgender participant said, and the other added: "LILO ID was an amazing and empowering experience, I could share my story. Usually, (as transgender) we are invited to many events for gay community, but we don't talk there. We feel that we are used to get funding, but this time (during LILO workshop) we were truly considered."

Transgender participants were a minority among the bigger LGBTI group that participated in the LILO ID workshop. Such a diverse representation opened the door to a meaningful conversation that tackled the issue of stigma and discrimination among LGBTI community itself. Participants said that most of the discrimination comes from the community itself and not from the external environment (society). The LGBTI community itself is divided and hierarchical, and the discrimination within the community is horrific due to cases of transphobia, lesbian-phobia, etc., within the LGBTI community itself.

Participants recognized the benefit of LILO ID, as it gathered different members of the LGBTI community together and gave them the opportunity to share their testimony. During the storytelling event, participants shared their life stories and committed to ending discrimination.

After the workshop, the two Lebanese LILO facilitators provided feedback on the workshop methods, which mostly covered the ideas already shared during the first Tunis workshop. The other LILO facilitators (from Algeria, Morocco and Tunisia) were also asked to provide feedback and work on adapting the LILO methodology from the East African to the MENA context. Some of the changes were:

- Changing the names used in case studies from western or African names to more Arabic-sounded names, such as Issam, to better represent local reality.
- In case studies, changing the names of some locations of LGBTI-friendly places, for example, changing "clubs" to hammams or saunas.
- Including references to religion, family, and traditions
- Significantly adjusting the "coming out" section, as participants felt that it was possibly dangerous to come out in a highly sensitive and hostile environment, and as participants said "coming out is of no use to them." Participants did not find the coming out section applicable to the MENA region.
- Expanding the storytelling section, since this aligned with the storytelling culture of the MENA region.
- Overall resistance to health terminology in the content, including local languages such as Berber.

The adapted version of the new LILO ID manual was then translated to French and Arabic. MENA LILO facilitators were also involved in the translation of the manual to French—they checked the use of language and assured that the wording reflects the cultural differences and is in line with the English version.

Step 4. LILO ID Regional Validation Meeting, 7–9.3.2018, Tunisia

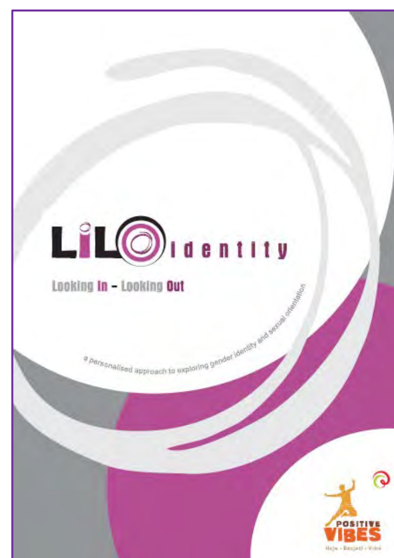
In March 2018, Positive Vibes organized a regional workshop to present a new, validated LILO ID methodology for MENA. LILO facilitators from four countries were invited, along with the representatives (directors, members of the board) of the prevention program implementing organizations (APCS, ASCS, SIDC, ATL MST/SIDA, DAMJ, M-Coalition). The objective of this regional meeting was to introduce the adapted context to the representatives in hope that they would embrace the new LILO methodology and raise resources to implement it and roll it out in their respective countries. During the workshop participants also evaluated the utility of LILO ID and shared feedback on how to improve the rollout—for example, developing a LILO ID for drug users. Finally, participants also brainstormed on how to gather resources for the LILO ID continuation in their countries. The workshop ended with the validation of the new content and shared conviction of the usefulness and utility of LILO ID in the MENA region.

Step 5. Regional LILO ID Budgeting and Programming Workshop, 25–26 June 2018, Morocco

Thanks to the OHA prevention program extension (April–June 2018), Positive Vibes and Alliance decided that for the LILO ID rollout to be complete and successful, participants from the four countries would need to develop workplans and budgets to use it in resource mobilization. On June 25 and 26, 2018, IHAA and ASCS organized a final regional workshop, facilitated by master trainer Wilson Ashimwe, in the framework of the LILO methodology adaptation. Partner organizations from Tunisia (ATL MST/SIDA and DAMJ), and Algeria (APCS) (unfortunately, Lebanese participants did not receive visas on time) worked on the possible rollout of the LILO methodology in their countries. With this in mind, they developed workplans and budgets for organizing a three-day LILO ID workshop in different cities in their own countries. They also underwent an exercise on reviewing the mission, vision, and objectives of their NGOs, aimed at identifying the added value of LILO ID and how it could contribute to their organizational strategy. Finally, upon the presentation of group work by country, participants brainstormed approaches and sources for resource mobilization for the introduction and rollout of LILO ID in their countries.

Conclusion

The end of the OHA Prevention program left a gap in funding further expansion of LILO ID in MENA region. Out of eight newly trained LILO ID facilitators, only four had opportunity to co-facilitate a workshop (Lebanon and Tunisia). The LILO ID national workshop did not happen in Morocco and Algeria due to time constraints, which also left those four facilitators disappointed because they had not had the chance to test their LILO ID facilitation skills. In short, the introduction of LILO ID created the appetite for the expansion in the region. There is an added value in having trained French- and Arabic-speaking facilitators, as Positive Vibes only has English-speaking trainers. The continuation of LILO ID is highly recommended, not only for the Namibian partner, but also to benefit the local LGBTI community, who lacks empowerment and is affected by self-stigma. It has been recognized that upon the completion of the LILO ID workshop, participants' self-esteem and confidence increase, providing a fertile ground for making healthy choice. Such positive results prove the advantage of continuing the LILO expansion in the MENA region, where new infections are on the rise.



LILO Identity Manual including the MENA adapted content developed by the LILO facilitators, Alliance and Positive Vibes.

REACH GMT USING INFORMATION AND COMMUNICATION TECHNOLOGY

The objective of this second component of the OHA prevention program was to expand delivery of outreach prevention services and linkages to existing care and treatment for GMT, and to increase demand for HIV testing using ICT-based strategies and social media.

Online Resources on Male Sexual Health in MENA (Afya4Men)

Significant barriers exist to providing MSM in MENA with targeted, accurate, context-specific HIV and sexual health information. Information in the MENA region is still overwhelmingly aimed at heterosexual routes of transmission, with extremely limited consideration of the risks associated with male same-sex acts. As a result, MSM are often left uninformed about how to protect themselves from HIV and other STIs, and have limited information about how to safely access services.

In response to these issues, International HIV/AIDS Alliance, in partnership with Anova Health Institute's Health4Men initiative, decided use the online information platform for MSM in Africa: https://afya4men.info/en/ and make this information equally available to MSM in the MENA region. Afya4men.info is a website that provides locally relevant health information to MSM, including those in hostile and criminalized environments. All information is available in English, Swahili, and French.

The current website content includes:

- *Men and sex:* Who men have sex with; what sex men have; when men have sex
- *HIV transmission:* HIV screening; HIV transmission methods
- *HIV prevention:* Changing behavior to reduce risk; condoms; lubrication
- *Living with HIV:* Living with HIV; disclosure and sexual partners' HIV treatment; what else you can do
- *Sexually transmitted infections:* Syphilis; gonorrhoea and chlamydia; herpes; warts; hepatitis
- *Recreational drugs:* Substance abuse; types of drugs

Welcome To Afya4Men, A Resource On Male Sexual Health

Here you will find information on a variety of topics important to keep men (especially men who have sex with men) healthy.

You are here: Home

Since its launch in November 2014 and May 2016 the site has hosted 9,044 sessions, undertaken by 7,702 unique users. 13,278 pages of information have been viewed, with 75 percent of sessions using mobile phones. CSOs and MSM using the website highlighted the site's simple language, ease of use, and easy access. Though the number of users to the site has consistently increased, feedback provided by end-users indicates that the site needs to be more dynamic, visual, and interactive. Moreover, for the website to also serve the MENA region, the information should be translated to Arabic.

Hence, to make the content more dynamic and visual but also MENA-user-friendly, International HIV/ AIDS Alliance proposed to review and redesign the site and broaden the content by adding interactive elements and build-in links to local "friendly" KP CSOs and service providers. The second objective was to revise this new content in French and then translate it to Arabic for a possible launch and rollout in the MENA region with Anova Health Institute. This activity (review, redesign and translation to Arabic) will increase access to quality, up-to-date online information on sexual health and HIV relevant to MSM in MENA.

The activity entailed two steps:

1. Revision of the website in the four focus countries (Algeria, Morocco, Tunisia, and Lebanon)
2. Regional workshop in Tunisia on Afya4 Men revision to draft and present the final version of the new content in Arabic and French

Stage 1: Revision of the Website

In the four countries, implementing the prevention program, selected organizations created focus groups to revise the content in small groups composed of representatives of MSM, transgender people, other KPs, peer educators, and the organizations' employees. This composition ensured quality input from the public health side, but also inputs from KPs about their rights and practices. Next, M-Coalition in Lebanon decided to translate the available French content to Arabic, so that all countries could choose the language they preferred for the revision: French or Arabic. The translation of the website to Arabic was of a

great value and made the revision of the website more inclusive as some beneficiaries were more comfortable working in Arabic as this is their mother tongue.

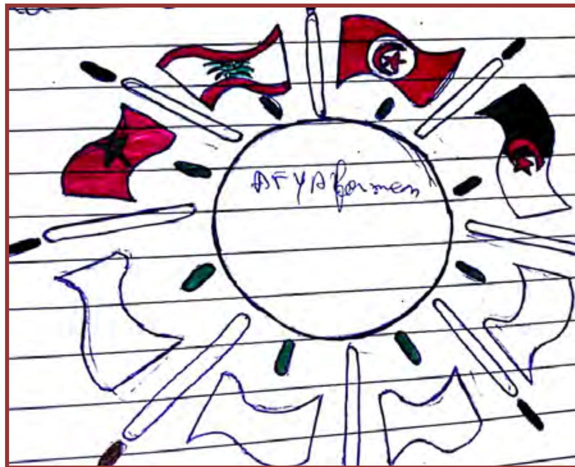
Tunisia: In Tunisia, between December 2017 and March 2018 DAMJ mobilized its employees, peer educators, and beneficiaries to go over the website and propose new content in French. As DAMJ is an identity organization, their focus was more on assuring that LGBTI rights are respected and that beneficiaries have full knowledge of their rights so that they can protect themselves in the very hostile context of the MENA region.

Lebanon: In Lebanon, M-Coalition (with support from the Arab Foundation for Freedoms and Equality, AFEMENA) was in charge of the activity and decided to work in Arabic. First, the team translated the French content to Arabic and validated the translation. It is important to highlight that the document was translated to the Lebanese type of spoken Arabic, what is not a neutral, standardized Arabic used in other MENA countries.

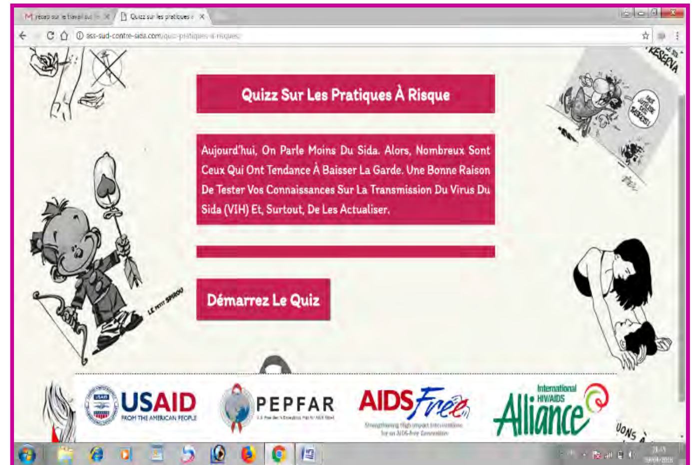
First, M-Coalition decided to meet with eight MSM from different age groups, backgrounds, and educational levels. The goal of this activity was to make Afya4Men understandable by all people and yet not boring to people who had some knowledge. During the session, many participants agreed on removing some parts of the text, especially those that were not "sex-friendly." Next, M-Coalition reached out to a partner organization, SIDC, to revise the content with their beneficiaries. SIDC held the first meeting for SIDC staff and second for SIDC beneficiaries, both meetings consisted on revising the Afya4Men content. After receiving all inputs on the text, M-Coalition combined all recommendations from all the meetings and put them in the text in a new, simpler form. M-Coalition's revision included the original terminology and references, but also extended the section on drugs, since the information in the original text was not comprehensive.

Morocco: ASCS led the Morocco activity and choose to work in French. ASCS selected six peer educators to work on the revision of the website and for every other meeting (11 meetings in total), two different beneficiaries took part in the revision to give their view and comments. The revision was done in three stages: reading the entire document and highlighting the sections that needed to be revised; discussing the need for photos and videos (for example, on the correct use of condoms); and proposing the new revised, interactive content. During the meetings, participants also designed a new version of the Afya4Men logo. Since ASCS is an HIV–thematic organization, the team mostly focused on biomedical information, and, for example, included sometimes graphic photos, STI symptoms in the STI section.

Inspired by Afya4Men, ASCS also developed two quizzes (on STIs and HIV, and on risky sexual behavior) to test users' knowledge on those themes.



ASCS also suggested a new logo that might work better in MENA.



Print screen of ASCS' Quiz on risky sexual behavior.

Algeria: In Algeria, APCS also decided to work in French and opted for a different approach. During the first meeting in December 2017, each participant received a section of the content to work on by himself. A month later, in January 2018, participants met again to discuss their comments and provide an update on the mapping of places where MSM meet in Oran, to discuss the needs and problems that peer educators working in the field face and to refresh their knowledge on STIs and HIV. During the third and last meeting in February 2018, peer educators and other participants finalized the new content in French and worked on the questionnaire to test users' knowledge on HIV specifically. Participants said that it is important to include the questionnaire in the website in Arabic, since this will ensure that the website is dynamic and interactive.

The next stage was a joint regional workshop in Tunisia on Afya4Men (March 12–14, 2018) focused on revising the text and ensuring online prevention. ATL in Tunisia hosted an adaptation workshop where participants from the four countries presented the work done in country focus groups, and brainstormed together to merge all the ideas into one common, coherent version for the whole MENA region, available in Arabic and French. The joint regional workshop brought together the representatives who had led the focus group in their countries: thus, two representatives of M-Coalition from Lebanon, two from APCS in Algeria, two from ASCS in Morocco, and Tunisian representatives from DAMJ and ATL MST/SIDA.

During day 1 of the workshop, each country facilitated a short session to explain the website adaptation process in his country. The session triggered a discussion, because each country had a different vision for the new website. All participants agreed that it was necessary to lighten the content. Some participants favored a more biomedical-focused content, whereas others wanted more emphasis on LGBTI rights. For example, ASCS devoted a large part of the content to STIs and other biomedical themes; M-Coalition developed a section on drug typology and use; and DAMJ emphasized missing sections such as mental health, rights, and

discrimination. This discussion stemmed from the diversity of the organizations in the room—Moroccan and Algerian organization were HIV-focused, and Tunisian and Lebanese organizations were identity organizations defending LGBTI rights. To resolve the dilemma, participants had to decide on which information to prioritize, but they were all convinced that they needed to work together on the content revision to provide the best quality information to their peers.

Participants also highlighted the difficulty in translating the content to Arabic due to the variety of existing dialects and types of Arabic spoken in each country. For instance, Moroccan and Tunisian participants stressed that the word "afya" means "fire" in their countries. Participants suggested using the word "saha," which is a common word for "health" in all MENA countries. Finally, participants agreed on these new sections:

- Men and sexuality
- HIV transmission, prevention, and treatment
- Sexually transmitted infections
- Recreational drugs and alcohol
- Mental health
- Rights, discrimination, and stigma

Having reached consensus on the website content, the facilitator presented other websites on male health to compare it to the Afya4Men website, but also to launch the brainstorming process and suggest new ideas before the session on group work to create a single version of the website.

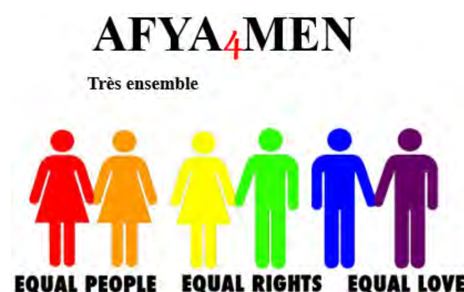
During day 2, all participants worked together to create one common version of the website for the Arab region. Participants were divided into two groups: one group worked on the content in French, second group worked on the content in Arabic. During the presentation of the final work, another debate was triggered related to the correct use of the Arabic language and the choice of vocabulary in Arabic. Once again, the issue arose of incompatibility between the classic Arabic and dialects spoken in the Maghreb[6] part of the MENA world. Participants brainstormed to find relevant words that are neutral and understood throughout the region. Upon reaching the agreement, participants validated both contents, in Arabic and French.

Participants also agreed to:

- Include images, the red ribbon symbol, and live links to relevant information.
- Include videos on HIV testing (VCT) and how to use a condom.
- Include photos on STI symptoms in the STI section.
- Provide contacts to organizations providing psychological help in the MENA region in the mental health section. Ideally, this section should contain mapping of mental health support services, however, such cartography does not exist in the region.

[6] The Maghreb region includes Algeria, Libya, Morocco, and Tunisia.

Participants recommended:



- Creating a logo for the website in Arabic
- Keeping the white background and black font (however, the font could be of a different color, such as green, to be more relevant to the health themes).
- Adding a section on publications about male health in Arabic (organizations working on the program could upload their documents on male health there).
- Developing a quiz at the beginning of the first section, and a quiz at the end of a last section, to enable users to test their knowledge before and after receiving the information.
- Thinking about changing the name of the website: from "Afya4Men" to "SAHA4men," since "saha" means "health" in Arabic

The last session consisted of a debate where participants were asked to think about the maintenance (staffing and financial) of such a website. Unfortunately, all participants said that they lack resources to assure the maintenance of the website on both levels. The idea of assuring the maintenance of the website on a rotational basis, where every X days/weeks a different peer educator is available to answer users' questions, was not embraced, as it was considered unsustainable.

Upon the delivery of the regional workshop, the International HIV/AIDS Alliance contacted Anova Health Institute to discuss the modalities of including the new content on the general website. However, due to the changes in the management team at the Anova side, the Alliance has not been able to finalize this procedure yet. The partners in the four implementing countries received instructions on using the content, while the Alliance is following up with Anova. All the partners were advised to always acknowledge Anova Health Institute as a co-author of the content.

Strengthening Online Peer Outreach among GMT in Morocco, Tunisia, and Lebanon

In 2015,[7] the partners of the MENA program implemented a pilot online peer outreach project to reach more MSM. Taking into consideration the widespread use of mainstream social networks and global gay dating apps (Planet Romeo, Grindr, etc.) among MSM, the introduction of online peer outreach project appears highly desirable. In 2015, partners launched online prevention outreach where experienced peer educators created their accounts/profiles and contacted MSM through internet and social media on Facebook, WhatsApp, Grindr, Hornet, Planet Romeo, Badoo, Tango, and Babel. The objective was to provide interpersonal communication on HIV and STIs and bigger health issues, encourage

[7] Pioneering HIV services for and with men having sex with men in MENA, Alliance, p. 15,16. http://www.aidsalliance.org/assets/000/002/946/Alliance_MENA_MSM_Case_study-V7_original.pdf?1492675914

peers to take an HIV test, and refer them to other health services. The test phase that ran between July and September 2015 in Tunisia, Morocco, and Lebanon yielded promising results and identified online peer outreach as the most suitable intervention for short-term, high-impact test piloting.

In 2017, under the OHA prevention program, it was possible to re-establish the intervention. Peer educators from Morocco, Tunisia, and Lebanon reactivated or created profiles of their organizations on social applications to reach GMT who were not reached by the usual outreach activities in public spaces, provide interpersonal communications on HIV and STIs, and refer them to friendly care and support services in their country. Phase 2 started in September 2017 for Tunisia, in December 2017 for Morocco, and in February 2018 for Lebanon, and continued through March 2018. Funds budgeted included contribution to peer educators' time and resources, purchase of tablets and smartphones, Internet top-ups, and transport costs. The three-month extension to the program funded the activity through June 2018, enabling to program to reinforce current teams of peer educators by recruiting new peers and to reach more users.

To start with, all the organizations identified peer educators capable of participating in this activity—those with knowledge about HIV and STIs and who were familiar with using a smartphone and online dating applications. Then, each organization purchased either smartphones or iPads for participating peers to make their work more flexible and mobile. Participants downloaded online dating applications, created new profiles (using the organizations' name and logo), and entered conversations with connected peers. They also had to undergo an obligatory training on online safety and security and a reminder on HIV and STIs. Some organizations even created ready-to-send messages to answer the most frequently asked questions; others created a WhatsApp group among peer educators to mutually support each other and ensure correct answers in case a peer is not able to answer a question. The peer educators also met once a month during the peer educators' meetings where they could share their experience with the project and work on indicators. Once a month they attended sessions on themes such as drugs, HIV, STIs, and negotiation. Most importantly, ASCS, ATLMST/SIDA, and SIDC staff were always ready to support and give advice to peers working on the online prevention activity, regardless of the hour or day, via WhatsApp, Facebook, or other social media.

Morocco (December 2017–June 2018)

At ASCS, six peer educators worked on the virtual outreach using the following applications: Grindr, Hornet, Planet Romeo, TAGGED, Facebook, and WhatsApp. Peer educators received a refresher on HIV and also training on safety and security. They then received smartphones to connect safely from their locations.

ASCS reported that the online peer educators would first try to gain users' trust, and then they would share prevention messages and send scanned preventive materials or

educational videos. Topics mostly covered during online intervention were risky (and less risky) behaviors, negotiation over the use of a condom, and self-esteem. ASCS ensured monitoring of new beneficiaries through a receptionist. The receptionist, welcoming incoming patients at ASCS, was in charge of registering people and identifying whether a person via virtual outreach (by asking relevant questions). ASCS also developed monitoring and evaluation (M&E) tools for this activity and organized five thematic sessions for their peer educators (up to 63 peers joined the sessions).

Peer educators noticed that 60 percent of online interventions happened between 7 pm and 3 am, and only a small number of conversations took place in the morning. Peer educators mostly reached out to gay and bisexual people, however, they also managed to identify and reach out to lesbians, who comprise a deeply hidden population in Morocco.

Achievements

Over the course of seven months of online prevention (December 2017–June 2018), ASCS:

- Connected and exchanged information with 1,458 users.
- Convinced 52 users to take an HIV test (1 tested positive) and 29 to test for syphilis and other STIs (2 tested positive for syphilis).
- Linked 24 to psychological and social assistance (some benefited from medical help, dermatological assistance; others asked for condoms and lubricants or even to integrate their file within national medical health coverage.
- Pointed out that many beneficiaries are excluded from the job market due to their sexuality and identity. Due to the stigma and discrimination, beneficiaries live in poverty and lack career opportunities. ASCS offered help (to 8 users) with drafting their resumes and applying to jobs online, and even directly contacted corporations for job opportunities and organized interviews for the beneficiaries.
- Offered psychological help to a person wanting to reintegrate with his family, and contacted his family to launch the process.
- Provided legal advice to a user who had been excluded from the family inheritance due to his sexuality.
- Organized development sessions for PLHIV to empower them, help them find effective solutions, understand their priorities, set goals, and help them achieve them. It allows beneficiaries to live better in a more harmonious and satisfying way. The first session under the theme “Good Daily Habits of Living for PLHIV" had the objective of providing psychosocial support to beneficiaries and strengthening their knowledge of nutrition and hygiene. The second session, "Happiness," was attended by 10 MSM who were identified through the online intervention.

Highlight

Through this activity, ASCS managed to contact three lesbians who came to the organization for VCT. This was a very important event for the organization as it brings the opportunity for ASCS to work with a new population.

Final Workshop

Toward the end of the OHA program, on June 29, 2018 ASCS organized the final OHA workshop to showcase results of the virtual prevention activity in the Souss-Massa-Draa region, a region with the highest HIV prevalence among MSM in Morocco. The workshop was attended by the representatives of ASCS from four sections: Ait Melloul, Ouarzazate, Agadir, and Chtouka Ait Baka. Participants were satisfied with the results of the program and recommended extending the intervention to lesbians and sex workers, especially for the section in Ouarzazate. Participants said that in Morocco there are application where sex work is being sold, and where it is possible to connect with sex workers and clients. There is a strong advantage of launching this intervention among sex workers, which would facilitate outreach for both sex workers and their clients.

Future of the ICT in Morocco

The no-cost extension between April and June 2018 allowed the activity to continue for three more months. Work slowed down during the summer months, since many peers educators went back to their villages to spend summer with their parents, as the university year has finished. ASCS confirmed that that the activity will continue, since it is now incorporated into the 2019–2021 Global Fund Morocco country allocation, and peer educators use online prevention to increase their reach.

Lebanon (February–June 2018): SIDC started its intervention with training for the peer educators (including the online security component and guidance on how to deal with difficult users or users who are in emotional distress) at the end of January, and held two follow-up meetings in February on implementing ICT. The three selected peers received new phones and worked mainly on the Grindr mobile application and Scruff. Peers used the SIDC logo as their profile picture and the following nicknames/logins: “SIDC,” “Play Safe,” and “Free Testing.” They sent messages that either provided information or offered assistance. Their messages included photos with information on the location of SIDC, operating hours for free testing, condom use, and videos on the HIV. Participants created a WhatsApp group among the peers and SIDC staff for constant communication and to support and reply to peers' questions at almost all hours of the day. SIDC also organized sessions on HIV, STIs, and party drugs, but also to discuss challenges faced and lessons learned.
To increase their reach, peer educators used fabricated global positioning systems tool to reach out to users logging in from outside of Beirut. This enabled them to work in Beirut but

connect to users in other governorates: Tripoli, Sidon, Zahleh, Baalbeck, Tyr, Jounieh, le Chouf, and le Koura. This was possible because the peers worked on phones running Android, not Apple's iOS system. Peers also developed a table of all geographical areas and divided the work so that no two peers worked in the same area at the same time. This allowed the peer educators to work with people in regions familiar to the educators; this was particularly helpful for language barriers. Some peers were more comfortable chatting in Arabic, while others preferred English or French.

Peers worked between 9 and 2 a.m. Although they could choose their own hours, peak hours were between 6 p.m. and midnight. A "session" was considered to be two hours long on the online dating applications. After each session, a peer had to fill out an Excel sheet with six indicators: number of messages sent to MSM, number of MSM the peers connected with, number of MSM who replied, questions asked, number of MSM referred to services, and type of services referred to.

According to SIDC, peer educators received a lot of positive feedback and many questions from beneficiaries. SIDC recognized the value of the online intervention and benefited from the OHA program extension in April 2018 by integrating a fourth online peer educator, who had previously received assistance via the online intervention!

Over the course of 5 months, SIDC:

- Conducted a total of 1,112 sessions on 2 main online dating applications: Grindr and Scruff. The Hornet application's support team was not supportive, and the peers kept getting banned from the application. As for the "Blued" application, this was a new dating application used by only one of the peer educators, toward the end of the project, which is why the corresponding indicators are very low. Over five months, peer educators messaged 4,317 MSM, of whom 1,485 replied, 1,257 were referred to services, and 120 sought services at SIDC's sexual health clinic.
- One peer opted for the passive approach: he did not start conversations with users himself but waited to be contacted by the users. The other two peers engaged actively with users, and started conversations, which led to constant blockage of their accounts because of sending too many messages. They had to contact the application support teams at Grindr to get their accounts unblocked. The peers found the passive approach more efficient, as between February and March 2018 they had their profiles deleted seven times on Grindr.
- Found that users' questions were very basic and reflected the very low knowledge on sexual health among Lebanese youth. They also touched on larger problems with self-stigma, non-acceptance of sexual identity, and life as a PLHIV, such as:
  - What is the life expectancy of a person living with HIV? Can someone be infected with an STI from oral sex?
  - Can I have children if I am HIV-positive?
  - Is there a cure for HIV and for homosexuality?

- Such questions highlighted the need to continue spreading awareness using basic information on HIV and STIs, especially with MSM living in rural areas.
- Peer educators highlighted the value of free conversation with peers through online connections; the men were much more open about their fears and questions than during face-to-face field outreach.
- The peers had to deal with many sensitive cases, such as cases of violence, rape, and gender-based violence. They felt that they needed more training on handling these cases and referring them to the appropriate services. Listening to MSM discuss their sensitive cases and experiences was very exhausting for the peers themselves, as this requires mental preparedness and well-developed listening skills. The peers felt that they themselves might need counseling to compensate for the emotionally charged information thrown at them by users.
- This project allowed the peers to reach rural and hard-to-reach areas and MSM.
- The peer educators felt that their personal knowledge had increased because of the questions that were asked by MSM during outreach. The peers constantly referred back to SIDC's specialists about any questions they did not have answers to, which allowed them to reply using correct answers and also increased their personal knowledge.

Highlight

The no-cost extension allowed recruiting and training a fourth (online) peer educator who was originally a beneficiary of the intervention—it is an achievement for SIDC as the organization not only managed to help the user, but also recruited him as a peer educator under the intervention.

Final Workshop

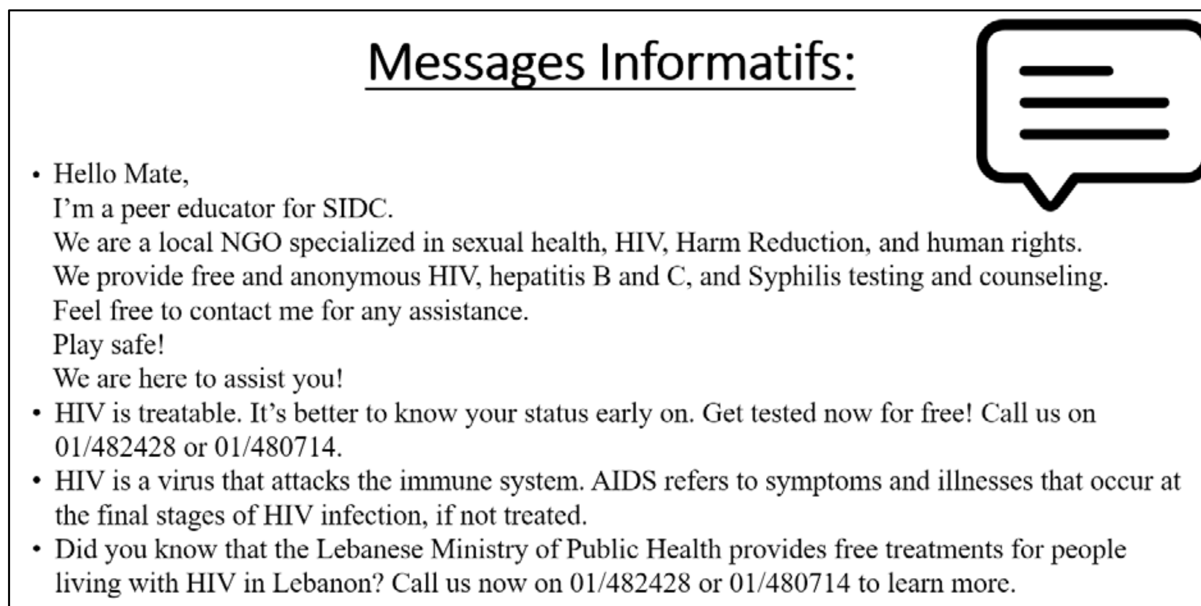
SIDC held the end-of-activity workshop on June 28, 2018, during which other partner organizations and peer educators were invited to share the results of the program and brainstorm resource mobilization strategies for continuing the online prevention activity after the end of the program. The overall objective of this activity was to reduce the risks of HIV/STI infections among MSM from different backgrounds and profiles (Lebanese and non-Lebanese) through awareness sessions and peer outreach via online dating applications and social networks used by MSM. The peer educators presented modes of operation and how the online activity was designed. The resulting discussion tackled not only the challenges of ICT, but also the more complex problems that affect the Lebanese health system. Participants highlighted that there are no lists of referral services covering all of Lebanon—only in Beirut and Mount Lebanon governorates. There is also a lack of awareness on pre-exposure prophylaxis and post-exposure prophylaxis (PEP) and their side effects (many men believe that taking PrEP and PEP protects them from all STIs). Finally, the ICT results clearly showed that there is a dire need across Lebanon for services to support MSM. Participants recommended conducting a national mapping exercise for all mental health services provided, and contacting call centers and health care centers before adding them to the list

to ensure their LGBT-friendliness and willingness to provide the necessary support services. This would make a full list of referrals available for the peer educators to use.

The second part of the workshop consisted of exercises and debates on resource mobilization to continue the ICT activity after June 2018. The resource mobilization expert highlighted that the project did not include the networking component (between MSM from Beirut and Mount Lebanon and MSM living in rural or hard-to-reach areas). Participants also brainstormed possible donors who might fund the activity.

Future of ICT in Lebanon

- SIDC was able to provide the outreach over the summer (July and August 2018) thanks to the small grant SIDC received from the NAP and the World Health Organization. When the grant ended, SIDC stopped the online prevention on August 31, 2018. However, the activity will resume in 2019 under the Global Fund Multi-Country Grant for MENA (2019–2021).



Example of the informative message sent by SIDC online peer educators to users.

Some of the preventive messages/pictures that were sent during the ICT interventions.

Peer Educator #1 Testimony:

"When I first started the online outreach program with SIDC on LGBT dating apps, I was a bit worried since I'm not used to reaching out to people about sensitive matters such as sexual health, especially in a country with so many taboos.

At the first training, we realized the amount of work that needed to be done and understood some of the situations we could face during this project, and I must say it was kind of comforting to know that I wasn't alone in this.

It took me a few days to get used to forgetting my personal self and becoming an NGO representative on a dating app when men usually look for entertainment especially that many people present were surprised to see an NGO profile. They were scared of spam or fakes, probably because of past experiences and since being an LGBT member is prohibited by law in Lebanon. Surprisingly everyone welcomed us, even the skeptics. I chose to remain on passive approach, moving around in the country thanks to the fake GPS [global positioning systems], so the men speaking to me were naturally inclined to talk to me or to find out more. Many simply thanked SIDC for their presence and their professionalism on the field, and many wondered why we picked an LGBT dating app for outreach. After a few explanations, it became very clear that the community is in great need of health and psychological support, amongst many other things, and the little we can provide would serve as a beacon of hope for men who suffered in silence, scared of being judged, stigmatized, or even penalized.

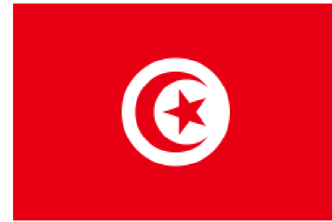
The amount of awareness wasn't enough, and people don't have yet the basic knowledge about safe sex conducts. They know they must use a condom, but what does it protect us from? Let's not forget that men on dating apps must follow the trends to be able to get entertained. With the rise of Chemsex and bareback practices, how do we face the fears of the community from catching an STI and yet empower them to stay strong and protect themselves?

In conclusion, I'm thankful to SIDC and their partners for this wonderful opportunity and for the chance they provided me to make a small difference in this world, and if possible help one or two persons. This project helped me understand where Lebanon stands, and that we are lucky to be where we are today, on the right path towards a better future. A lot to be done still.

A small recommendation for the future, we should keep our presence on the dating apps. If we disappear we will lose our credibility, and they may think they were just numbers to us or a momentary guinea pig. Furthermore, so many men were not reached, maybe too scared to talk or traumatized, we were faced with a few cases of rape and they must be dealt with very carefully, we all know that a rape survivor does not necessarily express themselves about the subject easily. And finally the lack of mental health providers and support is deepening. We had no to little reference in that matter and I believe, since I was on passive approach that the men speaking to me were in greater need of such service.

Thank you."

Tunisia (October 2017–June 2018)



At ATL MST/SIDA, eight peer educators work on virtual prevention, all based in Tunis. All educators received iPads, and were allocated shifts and training on online safety and security. To reach the maximum number of users, ATL peer educators designed a Facebook website, "SANAD," to provide information on HIV, STI prevention and treatment, and legal and social assistance. Peer educators decided to use the word SANAD, which means in Arabic "reinforce, help." The choice of this name stems from the conviction that people who want to undergo the HIV test and to learn about their sexuality and sexual orientation will rarely find information, and often information is not comprehensive. The website was also featured on other social media websites, such as "Gay Tunisie." Participants thus interacted with users mostly via this Facebook website.

The ATL team then based their online prevention activity on three principles: targeted messages, a code of ethics and conduct, and online security. They regularly updated the content of the website with the most accurate information, but also designed tailored messages and themed posters around special days, such as Valentine's Day. ATL also created a mapping of available services for MSM (including medical help, STIs, HIV testing, and legal, psychological and social help) to be able to quickly and effectively refer users to the services they needed. Peer educators worked mostly between 4 and 6:30 p.m., and then from 10:30 p.m. until the late morning hours. The messages shared with users tackled prevention and treatment, but also aimed to educate users, correct misconceptions, and change their discriminatory language.

Logo of the "SANAD" Facebook website

Between October 2017 and June 2018:

- The peer educators noticed that conversations with users are very dynamic and based on the question-answer mode.
- Having launched the SANAD campaign, peer educators learned to coordinate among themselves and created standard messages ready to be sent.
- At the beginning, peers noticed low levels of interest in maintaining the conversation by users. However, as time passed, they were able to recognize when a person was genuinely engaged in the conversation.
- As interest in the website increased, peer educators offered to meet the person in the city center to accompany them to the VCT center. Interest in this service grew so much that the educators had to create a calendar to register appointments.
- From October 2017 to June 2018, ATL peer educators communicated with 14,582 users through the following platforms: Facebook, Grinds, WhatsApp, Badoo, and Planet

Romeo. A total of 2,980 underwent HIV testing and received results; 3,795 were counseled on VCT; 3,697 on STI testing. A total of 213 received psychological help; 43 received social support; and 96 received legal help.

Highlight

ATL confirmed an increase of the uptake of HIV testing at ATL. Over the course of 10 months (beginning October 2018), ATL identified 39 HIV-positive MSM; among these, 21 are followed up by ATL team. As to STIs, ATL identified 418 positive cases.

Future of the ICT in Tunisia

The no-cost extension between April and June 2018 allowed the activity to continue for an additional three months. ATL is continuing the online intervention through volunteers, even though there are no funds to support this activity.

Regional Sharing: Joint Afya4Men/Virtual Prevention Workshop, March 12–14, 2018, Tunisia

After the first phase of the OHA prevention program and before receiving the no-cost extension, ATL hosted a joint regional workshop where, on day 3, participants from three countries presented results of the online prevention activity in Morocco, Lebanon, and Tunisia.[8] In general, participants recommended strengthening M&E, as it was hard for the organizations to make a link between users who benefited only from the conversation and those who came to the clinic for VCT. Participants also recommended that to ensure strong interventions, organizations should invest time in recruiting experienced peer educators, but also resources to train them well and provide good M&E tools. It would be also beneficial to create ready-to-send standard messages before the intervention starts, and to ensure that reception services are welcoming and stigma-free to new beneficiaries. Partners also agreed that it is crucial to secure a subscription to social media platforms so that the peer educators can reach more users, and to increase the stipend for peer educators, who have to work during unusual working hours.

Finally, participants highlighted the necessity of documenting the results of online prevention in their countries as part of success stories for further resource mobilization and advocacy. Participants also recommended extending the online intervention to Algeria, and to other key populations (sex workers, etc.).

Recommendations

The online intervention was recognized as a success story in Morocco, Lebanon, and Tunisia. Peer educators valued the activity, feeling that they were saving people's lives and teaching

[8] Algeria did not participate in this edition of the online prevention as they did not participate in the 2015 start-up phase.

them about health. The NGOs themselves also noticed a positive increase in the number of calls regarding free VCT and in the uptake of services. Generally, this second phase of the ICT project pointed to the following regional opportunities and recommendations:

1. This intervention helps to reach MSM who are not reached by usual field interventions. It is recommended to use the results of the activity as evidence to seek more funding to sustain ICT-based prevention.
2. Extend the online activity beyond the capital cities: train new peer educators or new organizations on ICT in other governorates/regions.
3. The ICT activity helps to correct the knowledge of peers connected online, but misconceptions are still present. Peer educators also noticed that many people still reject their sexuality. It is recommended to develop more materials on HIV, sexuality, etc., and make this information available for MSM.
4. Peer educators also felt that responses given to people should be more interactive and dynamic (using images, videos) instead of sending plain text.
5. The peak hours for online connection are during the night, evening, and weekend. Online peer educators have to adapt and work during those "non-working" hours. This also means they have to work from home, what puts them at risk in case the family finds out about their online work. It is recommended to put measures in place to ensure the safety and security of the peer educators.
6. Ensure security of online peer educators, but also of users, especially situations where police create fake accounts on social media to hunt down LGBTI individuals by setting up fake dates (as in Egypt).
7. Often online peer educators receive very emotional messages and life histories from users. These educators should receive basic mental health training and psychological support to help them deal with the traumatic stories they hear. Peer educators also need training on how to answer delicate and sensitive questions so as to not accidentally cause harm to any individual.
8. Sometimes, peer educators' profiles were reported as spam, and their profiles on Grindr were blocked. NGOs and peer educators have to come up with a strategy to prevent this.
9. Determine how to capture the link between the online outreach and service uptake through M&E.
10. As the pilot project and 2017 phase were implemented in three countries only (not in Algeria), it is strongly recommended to start the ICT activity in Algeria. Participants said that in Algeria, peer educators contacted Grindr themselves and Grindr allowed them to put a pop-up window with the APCS' contact info to encourage people to get tested—**free of charge**. Algerian colleagues said that they already have seen increased uptake of testing thanks to this intervention.

Implement a Social Video Strategy to Promote HIV Testing to GMT (Videos)

The objective of this activity was to create a modest social media-based campaign designed to demystify the HIV testing process and promote testing services to GMT in MENA, which can be used as part of the online peer educator process to increase uptake of testing. Alliance decided to partner with M-Coalition, http://m-coalition.org/ the regional HIV and AIDS advocacy network specifically devoted to the needs of LGBT in the MENA region.

A video is promoted via social media.

Since October 2017, a new partner, M-Coalition, produced five videos, the first launched in December 2017, during World AIDS Day, and the last one in February 2018. The videos were launched every three weeks and lasted three months, creating a buzz on social media. For example, it was featured in the *Gay Star News* magazine at https://www.gaystarnews.com/article/hiv-men-middle-horror/.

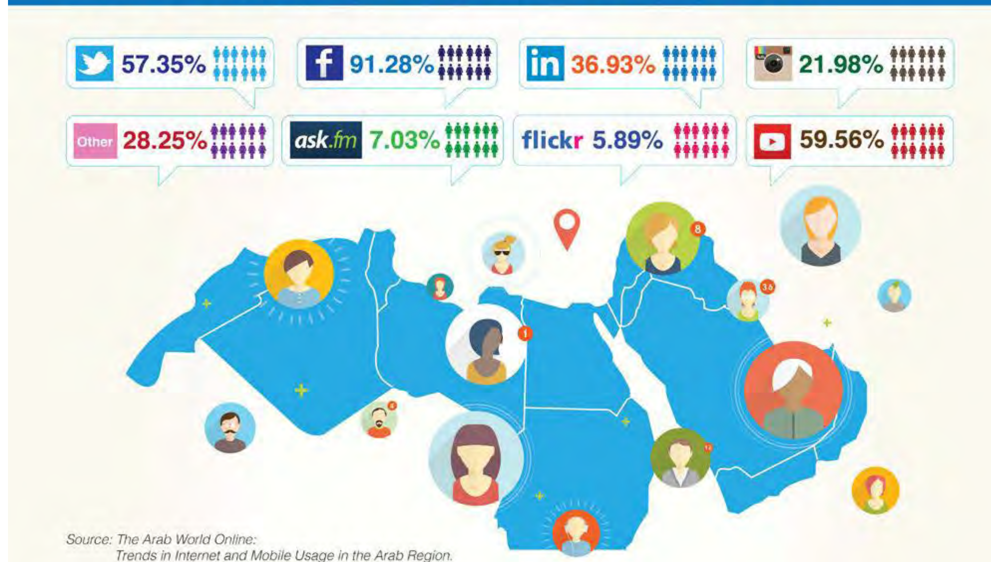
The campaign was based on five videos and ten posters (two for each video with messages in English and Arabic), and were meant to encourage people (mainly GMT) to take the HIV test. In the interview with *Gay Star News*, the Educational Director of M-Coalition explained the campaign:

> *"We are trying to debunk HIV testing myths, such as fear of testing and embarrassment, about being safe when having sex, living with HIV and discussing HIV with friends. The idea is that this campaign targets gay men, and in our experience, gay men enjoy funny stuff. So we decided to make the videos funny, so guys would share them and have a more relaxed view about HIV in order to break the stigma of the 80s horror epidemic. It in no way means to belittle HIV. I myself have been living with HIV for ten years, but we just want people to not be too scared."*

The second objective of the campaign was to fight homophobic attitudes that persist across the Middle East. As Elie said:

> *"Some people still fear touching or being around HIV+ people, let alone dating one. So we hope through this campaign to make people get tested more frequently and not fear the test. We hope they would practice safer sex, commit to their treatments when needed, and discuss HIV more openly among their friends to let go of the taboo behind it."*

The main platform used for the promotion was Facebook, as M-Coalition has already its followers there. Before launching the video, M-Coalition did the research, according to which most users in the MENA region are connected on Facebook (more than on any other platform).



The videos were also shared on other websites such as M-Coalition, AFEMENA, and Facebook groups such as red, Magreb, and Mashreq, and also on Twitter, YouTube, and M-Coalition websites. The boosting tool used the following preferences: living in Morocco, Algeria, Tunisia, Lebanon, Jordan, Egypt; age: 18-65; gender: man". The hashtag used for this campaign was:

#WAD2017 #worldAIDSDay #ENDAIDS #HIV#MyHealthMyRight #MyRightToHealth
https://www.facebook.com/hashtag/%D8%A5%D8%B9%D8%B1%D9%81_%D9%88%D8%B6%D8%B9%D9%83#إعرف_وضعك#حقي_بالصحة

Video 1: "No Need for Fear," released on January 12, 2017.

Know Your Status (importance of testing, fear of testing/result, not knowing status) - FEAR

(translation in Arabic) فحص فيروس نقص المناعة البشري ليس أمر مخيف. فما هي الأسباب التي تمنعك من الفحص؟

HIV testing is not scary. What are the reasons that prevent you from testing?

https://www.facebook.com/mcoalition/videos/2006680682918218/?hc_ref=ARSQ8z2-N05buIsydcNZQIsEb6YGX_7svF-MF16qlSeQ27CU9cakGIY2ccr8KCb82kA&pnref=story

Video 2: Confidentiality, released on 12/26/2017

Overcoming Barriers for Testing (confidentiality, outed as MSM, cost, availability) - SCANDAL

You have full right to confidentiality when you do your #hiv test

(translation in Arabic) لديك الحق بالسريّة التامة عندما تجري فحص نقص المناعة البشري

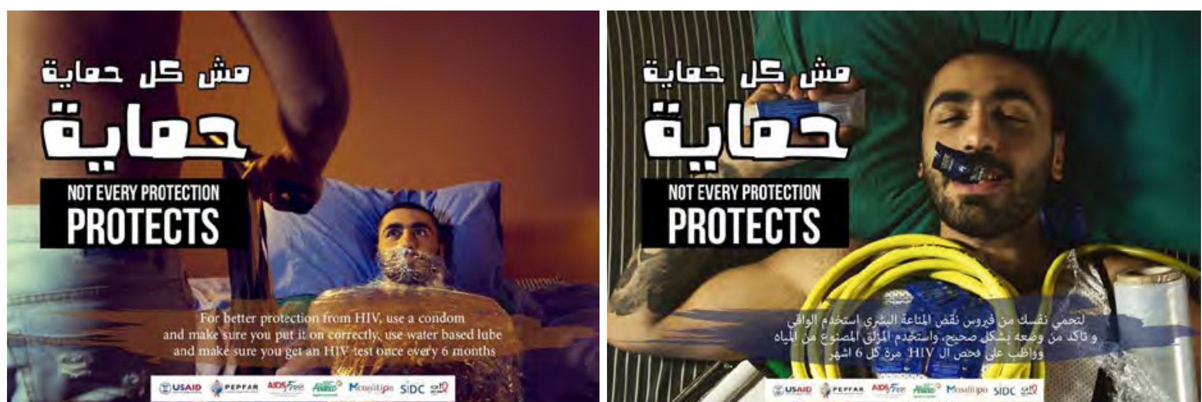
https://www.facebook.com/mcoalition/videos/vb.1440951736157785/2017552448497708/?type=2&theater

Video 3: Safety, released 12/01/2018

3- Staying Negative (How to be safe around keeping a negative HIV status): SAFETY

Protection is not difficult. You must use condoms and water-based lube and commit to getting tested HIV every 6 months.

الحماية ليست أمرا صعبا. عليك إستخدام الواقي و المزلق الحميمي المصنوع من المياه و المواظبة على فحص فيروس نقص المناعة البشري مرة كل 6 أشهر.
(translation in Arabic)



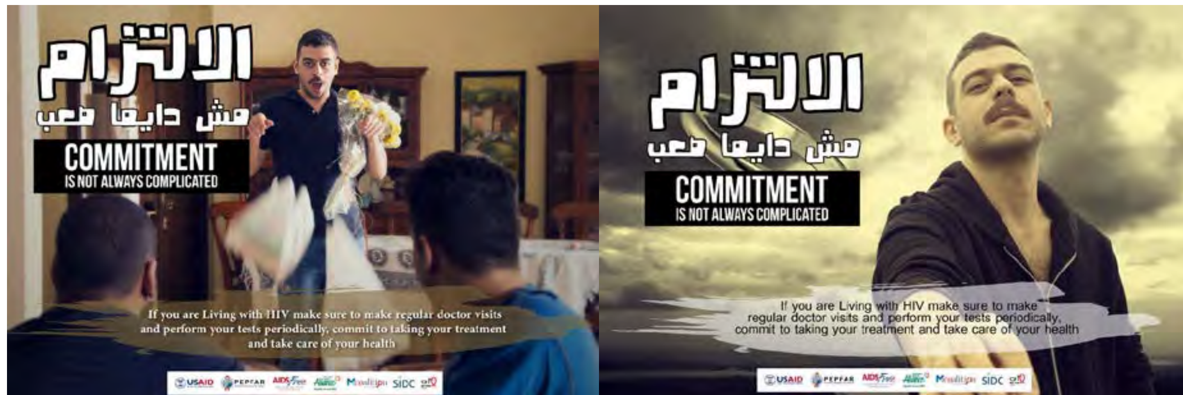
https://www.facebook.com/mcoalition/videos/vb.1440951736157785/2024264534493166/?type=2&theater

Video 4: Commitment, released 02/02/2018

Dealing with Positive Outcomes (Living with HIV, adherence to treatment): COMMITMENT

Commitment is not always complicated. If you are living with HIV, make sure you regularly check up with your doctor, perform your tests periodically, commit to your treatment, and take care of your health.

الالتزام ليس دائما صعبا. إذا كنت متعايش مع فيروس نقص المناعة البشري عليك بمراجعة الطبيب والالتزام بالفحوصات الدورية والالتزام بالدواء بشكل منتظم والاهتمام بصحتك. (translation in Arabic)



https://www.facebook.com/mcoalition/videos/2033351850251101/?notif_id=1517558401673355¬if_t=scheduled_post_published&ref=notif

Video 5: Communication, released 02/23/2018

Encouraging Peers to Test (Talk about HIV, made testing a good habit): COMMUNICATION

https://www.facebook.com/mcoalition/videos/2043432012576418/

Communication is not that hard. Talk to your friends about HIV testing, tell them about your experience, support them by guiding them to a trusted facility, your community health is part of your health.

التواصل مش صعب. (translation in Arabic). تكلم مع أصدقائك عن فحص نقص المناعة. أخبرهم عن تجربتك وادعمهم بإرشادهم للمركز الموثوق. صحة مجتمعك من صحتك أنت

Along with the video, M-Coalition built a website to indicate all testing sites and centers, so that viewers could directly contact service providers in their countries: http://m-coalition.org/hiv-testing/. The testing centers participating in the campaign were based in Lebanon, Tunisia, Algeria, Morocco, Egypt and Jordan.

To evaluate the impact of the campaign, M-Coalition analyzed the campaign between December 2017 and March 2018. They found that: since the beginning of the campaign, the number of followers on the M-Coalition Facebook page went from 400 to 2,081 followers in March 2018.

Thanks to the promotion of videos by boosting, M-Coalition reached more than 150,000 users with their videos. It is worth mentioning that in mid-January 2018, Facebook changed algorithms, which affected the number of people reached and number of "seen" (see the graph on the right) since far fewer users could directly see the news stories posted on M-Coalition's Facebook website. The NGO thus had to change its marketing strategy. At the beginning, M-Coalition boosted each new film once by investing $US60 at one go in boosting. After the change of algorithms, M-Coalition decided to boost the same video three times, by investing first $10, then $15, and finally $20. The graph illustrates the change resulting from the change in algorithms.

The high number of "likes" and "loves" shows that the campaign was well-received by users (see Table 1).

Table 1. Analysis of Reactions, Comments, and Likes per Video

Video	Analysis
Video 1	206 reactions/9 comments/74 shares
Video 2	318 reactions/34 comments/61 shares
Video 3	283 reactions/11 comments/81 shares
Video 4	206 reactions/26 comments/41 shares
Video 5	174 reactions/5 comments/21 shares

Users also left comments, such as:

- "This is super cute! Thanks for teaching us in a fun way";
- "It's so funny and teaching at same time but HIV has no relation only with homosexuality."

Video 3, however, was reported as spam by some users, since it showed two homosexual men in the bedroom.

Some comments also concerned the lack of clarity in the videos. As videos were promoting education messages on safe sex in a funny and not conventional way, some users did not understand their educational intent.

It is hard to measure the real outcome of the campaign in the six countries, because we have not been able to follow up with the reference centers to estimate whether the campaign resulted in the uptake of VCT during the campaign. However, we believe that the campaign changed some negative attitudes toward HIV, testing, and homosexuality. The high number of "likes" and "loves" a well as positive comment and reaffirming messages imply that the campaign was useful to correct some myths and misconceptions regarding sexual health. M-Coalition was also able to refer many users to services or organization in their countries: for example, referring a trans woman in Egypt to a trans group in Cairo; helping a newly identified HIV-positive person in Egypt receive ART treatment from Egypt's NAP; or referring an HIV-positive pregnant woman in Lebanon to a network for women affected by HIV in MENA. The campaign was also beneficial to M-Coalition. It not only increased the number of Facebook followers, but M-Coalition also received requests for cooperation from other LGBTI and identity organizations from around the world (France, for instance), and also within Lebanon.

STRENGTHENING HARM REDUCTION INTERVENTIONS IN ALGERIA

Algeria is an upper-middle-income country with a low generalized HIV prevalence rate (0.1 percent). Due to this high-income classification, the Global Fund excluded Algeria in 2008, leaving the country reliant on its domestic resources. HIV prevalence is high and increasing among key populations in a country hostile toward KPs.

Algeria, considered among the most closed states in the world, faces many limitations in tackling HIV. Criminalization of same-sex practices, stigma and discrimination toward KPs, lack of data, and a resource-dependent economy number among many challenges Algeria has to overcome to curb its concentrated epidemic. Even though a couple of CSOs implement targeted programs directed at sex workers and MSM, there are no harm reduction services available in Algeria,[9] leaving people who inject drugs without needed help and care. KPs also report the reluctance to access services for fear of criminalization. As for civil society, there is work to be done; individually the CSOs do a remarkable job, but there are not enough initiatives to work together. There is a need to strengthen the M&E systems of these CSOs and guarantee their resources, and to map key populations.

According to UNAIDS data, in 2016 there were 13,000 people living with HIV in Algeria. The number of new infections has been stable since 2002, but the uptake of HIV testing still remains a challenge. The HIV prevalence for female sex workers, MSM and people who inject drugs is 4.3 percent, 5.2 percent, and 4.3 percent respectively.[10] The Ministry of Health[11] announced in 2015 that there are 18,000 people addicted to drugs aged between 13 and 35 years of age. Among them 2,000 consume drugs other than cannabis and psychotropic drugs. However, these figures only refer to public drug rehab centers. The number of people addicted to heroin and cocaine is not known.

In 2007 the Ministry of Health, Population and Hospital Reform created intermediate addiction treatment centers (CISAs). These centers provide drug users with medical care, psychological and social care, serological monitoring, and family support, and help them plan and implement income-generating activities. To date, 37 of the 53 planned CISAs, and 2 of the 15 treatment centers programmed, are operating in national territory. Methadone therapy is not available in Algeria.

APCS is committed to working with key populations. In 2015, with *Association de Lutte contre le Sida* in Morocco and France's *Agence Francais de Développement*, APCS conducted a rapid community diagnosis of drug users in Algiers. A total of 43 people who use drugs were

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[9] Aidspan. 2015. *The Global Fund in the MENA Region: An Aidspan Regional Report 2015*.
[10] UNAIDS. HIV epidemic 2017. Middle East and North Africa Fact Sheet. Geneva, Switzerland: UNAIDS.
[11] https://www.huffpostmaghreb.com/2015/04/22/drogue-trafic-consommation-algerie_n_7114578.html

interviewed during the study (38 male, and 40 young), which revealed that nearly 70 percent of respondents are injecting Subutex[12,] and only 30 percent inject heroin. Drug users also testified to have limited access to care and rights because of the stigma and discrimination they face. The results of the study showed the limitations and the need to start harm reduction programming in Algeria. There is a clear understanding that sero-behavioral and bio-behavioral studies are necessary to better design and program harm reduction.

With this objectives in mind, on November 25, 2017, APCS worked with AIDES, a French NGO,[13] and with support from the Alliance and UNAIDS, organized a national dialogue on harm reduction to present the findings of the diagnosis and discuss the possibility of starting harm reduction services in Algeria. The event was attended by many CSOs working in the HIV sector in Algeria, and by the French embassy and Médecins du Monde. Participants shared their experiences and explained how harm reduction services were introduced elsewhere, for example in France. This triggered many discussions about the current precarious situation of PWID in Algeria and running a strengths, weaknesses, opportunities, and threats analysis to evaluate how to launch such programming for PWID.

Participants made the following recommendations:

- Create a specific national committee on drug users.
- Create a collective platform bringing together members of Algerian CSOs, health providers, representatives of public authorities, judges, magistrates.
- Map actors concerned with harm reduction in Algeria.
- Conduct bio-behavioral and sero-behavioral surveys on drug users in Algeria.
- Enable state institutions to work and collaborate better.
- Train health care providers to care for drug users.
- Provide a harm reduction package.
- Work locally and collaboratively with local associations, VCT centers, CISA, and state representatives.
- Strengthen the capacity of associations to develop and respond to a Reference Drug Program strategy for drug users.
- Create reception, listening, and reintegration centers for drug users.
- Make a joint plea for:
    - Developing a governmental decree legally operationalizing the reference drug program for drug users.
    - Sensitizing judges and magistrates.
    - Raising awareness in the private sector (including community pharmacists).
    - Changing Law 18/2004 and its Article 12, which is no longer relevant.

[12] This drug, originally prescribed for opioid substitution therapy, has been diverted and is being consumed intravenously, causing the consumer to become addicted.
[13] https://www.aides.org/

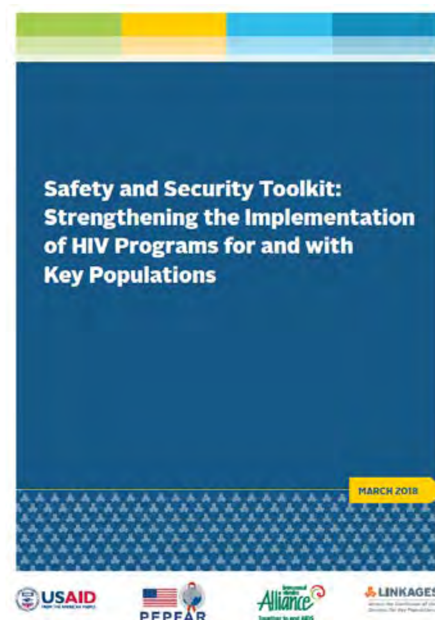
It was also recommended to involve PWID in harm reduction planning, and relevant institutions, such as ministry of finance or the National Office for the Fight against Drugs and Drug Addiction. Even though the national dialogue did not immediately lead to resource mobilization, an opportunity for APCS arose in 2017, when the Global Fund returned to Algeria with a grant of $6.5 million to strengthen the government, and civil society, and the HIV response. In March 2017 the Ministry of Health, Population and Hospital Reform and the Global Fund Portfolio Manager for Algeria signed an agreement to support the national HIV response. The grant for Algeria included the provision of services to KPs, including people who use drugs, which was delegated to APCS, ensuring APCS' inclusion in the Global Fund grant. APCS is currently implementing activities targeting MSM, sex workers, and PWID in Oran and Algeria, which reflects its strong position among other HIV-focused organizations in Algeria.

CAPACITY BUILDING, SAFETY, AND SECURITY FOR CSOs

The OHA prevention program in MENA operates in a context that criminalizes homosexual practices. Establishing a safer environment for MSM also means securing the personal safety and protection for peer educators. It is also important to ensure the security of staff and organizations working with key populations. Pursuing this objective, and thanks to the OHA prevention program extension (April–June 2018), the IHAA team decided to allocate resources to the translation and design of the *Toolkit on addressing Safety and Security in Implementing HIV Programs for and with Key Populations.*[14]

The toolkit was developed under the LINKAGES (Linkages across the Continuum of HIV Services for Key Populations Affected by HIV) Project by the International HIV/AIDS Alliance and FHI 360. The toolkit provides innovative and much-needed solutions on how to make HIV programs for KPs safe and secure. It has three parts:

1. *Review of Issues, Promising Practices, and Recommendations:* Describes safety and security challenges faced by key population programs; details the impact of such challenges on the HIV response; identifies promising practices; and makes, recommendations to help mitigate and respond effectively to safety and security challenges in programs for and with key populations.
2. *Checklists* help program implementers systematically explore and make plans to respond to the safety and security needs of their organizations, organization staff, and the physical locations where they operate.
3. *List of resources:* Each resource includes the year of publication, geographic scope, description of the relevant content, and information on how to access the resource. The document includes summary remarks on the state of currently available resources and makes recommendations for needed investments.



As the toolkit is only available in English, additional resources were used to translate it to Arabic and French and then to design it in both languages. IHAA also planned to roll out the document in the OHA implementing countries, but since the translation took longer than expected, only a Lebanese partner could work on the English version of the toolkit and host a workshop on safety and security.

[14] https://www.fhi360.org/sites/default/files/media/documents/resource-linkages-safety-security-toolkit.pdf

On June 29, 2018, partners working in direct service delivery for KPs[15] gathered to discuss the content of the toolkit, strengthen programming via identification and classification of good practices, and provide recommendations to address safety challenges and responses to gaps. Participants worked in groups to identify individual and organizational safety and security challenges in Lebanon while implementing HIV programs and provided recommendations on how to mitigate risks.

They identified these challenges in Lebanon, including:

- *International:* Funding crisis, elections (Global Gag rule).
- *National:* Laws that criminalize homosexuality anda stigma and discrimination in the public sector.
- *Community:* Stigma, rejection, religious convictions, false or misleading information.
- *Organizational:* Stigma against organizations working on HIV as promoting "bad behavior."
- *Individual:* Stigma against personnel working at advocacy and care organizations; stigma toward people affected by HIV, which makes them reluctant to seek services.

Responses to deal with those challenges, including:

- Organizing awareness-raising campaigns and sessions in different workplaces, for employers and employees.
- Initiating contact with the Ministry of Labour to issue a decree that obliges all private companies (local and international) working in Lebanon to incorporate policies that stop stigma and discrimination and penalize those who do not abide by the policies.
- Inviting religious parties and leaders and other decision-makers to advocate for the rights of vulnerable populations.
- Monitoring programs on media channels to protect the rights of all the guests/speakers, especially when the topic is related to social support.
- Incorporating articles on behavioral practices that protect employees from stigma and discrimination.
- Developing a draft law that protects employees from stigma and discrimination.
- Simplifying the process of obtaining justice, especially when it comes to media scandals.

Recommendations were:

- Incorporate sexual and reproductive health awareness in the curricula of schools and universities.
- Intensify outreach in rural areas and focus on people who have limited access to internet services.
- Draft a law that penalizes individuals who stigmatize and discriminate against any other person who is different.

[15] International Rescue Committee, AJEM, ACTED, Salama, MENAROSA, AFEMENA, M-Coalition, MENAHRA and SIDC staff and peer educators.

- Identify guidelines and policies for mass media and social media to protect the rights of guests on TV shows or any other media program or channel.
- Increase the accessibility of condoms in public places, especially in universities and health care settings.
- Provide a safe and friendly environment for vulnerable populations where they can have easy access to medical, social, and mental health services.
- Provide capacity building for the governmental sector.
- Spread more awareness about “protected sex” to the general population.
- Draft a law that protects vulnerable populations from stigma and discrimination.

Participants suggested adapting the toolkit to the Lebanese context, and enriching the text with examples from the field. They also expressed their satisfaction with the workshop, which they found relevant to their work. Some participants said that they will add the information they received to existing safety measures and policies in their organizations.

Finally, organizations that could not attend the training (especially) UN offices also expressed their interest in providing training on safety and security to all UN employees. SIDC is in communication with the UN Refugee Agency to explore this opportunity.

IMPACT AND LESSONS LEARNED

Challenges and Limitations

The OHA prevention program implementation period lasted only one year. In such a short implementation period, it is very challenging to fully engage program participants and make the best use of program resources. The IHAA team was also challenged by the introduction of a new partner (M-Coalition) that was not part of the previous last 12 years of programming in the MENA region. At the beginning, it was challenging to incorporate the new member to the OHA prevention program team, however, over time, M-Coalition was accepted thanks to its professionalism and hard work, especially on the social media campaign.

The MENA region is a diverse region where every country has a different and unique history, traditions, and also language. Language disparities were challenging as the program implementation had to happen in both English and French. During the Afya4Men exercise, partners working in Arabic found it hard to reach an agreement on correct wording and vocabulary, as Arabic has many dialects, and some words have a different meaning than other countries.

Finally, the international security situation and ongoing war between Yemen and Saudi Arabia also affected the OHA program implementation. As mentioned previously, during the MSM prevention workshop, entry routes to Yemen were closed because of conflict between the Houthi rebels and Saudi Arabia. As a result, five Yemeni participants were blocked in Lebanon for two weeks after the workshop ended.

Recommendations and Lessons Learned

Following the great success of the MSM workshop, it is recommended to **deliver training on MSM-focused HIV programming** to service providers and NAP managers in all the countries of the MENA region. It can function either as a refresher (for countries more advanced in MSM programming) or as a full training to teach providers on how to develop sympathetic, evidence-based, comprehensive HIV prevention, and support services for MSM in the region. Based on the Yemeni TOT, the paper showcases the region's great potential to carry out prevention activities and the need to reach the most marginalized populations in this hostile environment. The authors recommend **continuing the prevention activities in the MENA region**, **as well as extending services and knowledge sharing** across the Middle East.

Regarding the development of the clinical module, it came as surprise that many health practitioners lack the specialized knowledge to tackle LGBTI health needs. Considering that the development of modules took place in both Lebanon and Tunisia’s major cities, such an observation is worrying. This also implies that the knowledge of LGBTI needs in other, less

open areas of the region is worse or nonexistent. There is an immediate need to provide **training or refreshment courses on GMT's sexual health needs** to health professionals at universities across the MENA region. Students should also receive such trainings. Regional differences between capitals and smaller cities should also be taken into consideration to adapt the content of those courses to the audience.

The LGBTI community in all four countries recognized LILO ID as a successful tool to help individuals understand their sexual identity, end self-stigma, and find inner peace. The three-day LILO ID journey was considered therapeutic and essential for self-acceptance and the ability to defend one's rights to health, life, and sexual identity. An approach like LILO ID is crucial to empower the LGBTI community in the MENA region, where HIV prevalence among KPs is on rise. **It is highly recommended to continue the further expansion of LILO ID in Tunisia and Lebanon, and to launch the rollout of LILO ID in Morocco and Algeria**. The program needs to build on the experience and skills of the eight newly trained facilitators, who will be introducing the LILO ID (in French and Arabic) to other regional cities and countries. This will help to ensure the sustainability and continuation of the regional intervention, but will also empower local community and provide the eight trained individuals with lifelong facilitation and communication skills.

It is widely recognized that many GMT have access to smartphones, and that more and more often sexual transactions and casual flirting are done using the phone and social media. This reality requires a change in prevention approaches from field-based to ICT-based outreach. Three activities—the Afya4Men revision, virtual prevention, and the online prevention campaign—reveal not only the very low level of education on HIV and STIs, but also a great need and potential for using ICT in the region to reach KPs with prevention messages and services. It is recommended **to invest in the creation of the informative and dynamic websites in Arabic and local dialects** on male sexual health. This could also be greatly expanded by the production of another series of videos on prevention among GMT in MENA. It appears that once users are comfortable with the message, they themselves share the information further.

The results of ICT online prevention cannot be understated. All organizations participating in the online prevention activity noticed an increase in the number of calls and in the uptake of services. Peer educators also expressed that they provided personalized support to beneficiaries, which would not be possible during field outreach, where peers are surrounded by others and there is no space for a face-to-face conversation in private. ICT interventions must be continued in the region. These interventions link users to services in an anonymous way, but also offers them psychological support, even diverting some from suicide, and access to correct information on sexual health. Virtual prevention itself provides good value for money, as the costs are only associated with a stipend for online peer educators and a monthly internet/credit top-up. In the light of a funding crisis at national and international levels, this activity deserves further continuation and expansion to Algeria, which still did not have the chance to include this activity in their scope of work.

In short, the OHA prevention program proved that further work is needed to meet 90-90-90 goals in the light of the international funding crisis. There is a great strength in the region, which for the last 12 years has been affected by the funding cuts, but still managed to ensure (from different sources) the continuation of service delivery to KPs. The OHA prevention program showed that even countries considered "the most difficult to work with," such as Yemen, have the potential to provide services to their KPs. In the light of a fast-changing funding environment and changing epidemiological trends, MENA is also capable of changing and adapting to new trends. Introduction of online prevention and the use of technologies to expand prevention among KPs passed its test, and provides fertile ground for further expansion of technological solutions to tackle the prevention crisis in MENA. These achievements should not be neglected. On the contrary, future funding should build upon, and take full advantages of, the successes and lessons of the OHA prevention program.

ANNEX 1. TABLE SUMMARIZING PROGRAMMATIC ACTIVITIES AND DELIVERABLES

	Programmatic Activity	Deliverable
Theme: Capacity building on serving GMT		
1	Orientation on responding to the needs of GMT in settings without GMT interventions (MSM workshop)	1) Regional Orientation Workshop on Responding to the Needs of Vulnerable Groups (MSM) in the MENA region report in **English** 2) Regional Orientation Workshop on Responding to the Needs of Vulnerable Groups (MSM) in the MENA region Report in **Arabic** 3) Evaluation of the workshop 4) Action plans per country 5) Blog on the MSM workshop by K. Lalak
2	Training to improve quality of health care to GMT in settings with ongoing GMT interventions (clinical module)	1) Clinical module for Tunisia developed by Haifa Zalila for ATL 2) Modules in French, English and Arabic produced by LebMASH 3) LebMASH end of the activity report
3	Strengthening the agency of GMT and understanding of sexual identity among supporters of GMT (LILO ID)	1) MENA Desktop Review 2) Positive Vibes final activity report 3) LILO ID budgeting and programming workshop report 4) LILO ID MENA adapted methodology in English 5) LILO ID MENA adapted methodology in French 6) LILO ID MENA adapted methodology in Arabic
Theme: Reach GMT using ICT		
1	Online resource on male sexual health in Arabic (Afya4Men)	1) Report of a joint regional workshop on Afya4Men adaptation and online prevention
2	Strengthening of online peer outreach among GMT in Morocco, Tunisia, and Lebanon	1) Power Point presentations on the ICT final results by ATL, APCS, ASCS 2) SIDC end of the OHA program workshop report 3) ASCS end of the program OHA program results workshop

	Programmatic Activity	Deliverable
3	Implement a social video strategy to promote HIV testing to GMT (videos)	1) 5 videos produced by M-Coalition + posters 2) Facebook analytics report 3) Social media strategy
Theme: Strengthening harm reduction interventions in Algeria		
Theme: Capacity building, safety and security for CSOs		1) Report on the national dialogue on harm reduction 2) Safety and Security Toolkit, Linkages & HIV/AIDS Alliance in English (original) 3) Safety and Security Toolkit, Linkages & HIV/AIDS Alliance in French 4) Safety and Security Toolkit, Linkages & HIV/AIDS Alliance in Arabic 5) Safety and Security workshop report, Lebanon

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